THE UNIVERSITY
OF ILLINOIS
LIBRARY
132
D85

WITHDRAWN
University of
Illinois Library
at Urbana-Champaign

PSYCHOLOGY
DEPARTMENT

Return this book on or before the
Latest Date stamped below.

Theft, mutilation, and underlining of books are reasons for disciplinary action and may result in dismissal from the University.

University of Illinois Library

NOV 21 1966

JUL 25 1970

MAR 1 1977

FEB 15 1977

AUG 23 1983

AUG 24 1983

DEC 20 1987

DEC 10 1987

MAR 12 1990

L161—O-1096

Digitized by the Internet Archive
in 2026

https://archive.org/details/psychictreatment0000drpa

PSYCHIC TREATMENT
OF
NERVOUS DISORDERS

THE PSYCHIC TREATMENT OF NERVOUS DISORDERS :: :: :: ::

(The Psychoneuroses and Their Moral Treatment)

21091
3989

By

DR. PAUL DUBOIS

Professor of Neuropathology at the University of Berne

TRANSLATED AND EDITED BY

SMITH ELY JELLIFFE, M.D., PH.D.

Visiting Neurologist City Hospital; Instructor in Materia Medica and Therapeutics, Columbia University, New York

AND

WILLIAM A. WHITE, M.D.

Superintendent Government Hospital for Insane, Washington, D. C.; Professor of Nervous and Mental Diseases, Georgetown University, Washington, D. C.; Professor of Mental Diseases, George Washington University, Washington, D. C.

FUNK & WAGNALLS COMPANY

NEW YORK AND LONDON

1905

132
D85

COPYRIGHT, 1905, BY
FUNK & WAGNALLS COMPANY
[*Printed in the United States of America*]
Published July, 1905

TRANSLATORS' AND EDITORS' PREFACE

The preparation for the American public of a translation of Professor Dubois's "Les Psychoneuroses" has been undertaken with the conviction that its publication in this country would be particularly opportune at this time, when the effect of the mental representations upon the bodily conditions is attracting so much attention here, and when the problems connected with it are being attempted from so many and such various points of attack. It is a question as alluring as it is baffling, and it is not easy to preserve toward it an attitude at once open and balanced. Such an attitude, however, Professor Dubois has maintained from the start, and to it he owes the exceptionally convincing quality of his work.

Whether in the opening chapters, where he discusses the fundamental philosophy underlying the position which he holds, or in the latter portion of the book, where he describes so clearly and charmingly the exact methods by which he has won such notable success, this sane and tranquil attitude is obvious. It is difficult to see how one who accepts the well-nigh axiomatic premises with which the author sets out can avoid accompanying him quite to his conclusions, so logical and inevitable is his progress. By the time we reach the specific instances which illustrate the power of "moral orthopedics," of "persuasion," and of "education of the reason," the successes chronicled there seem to the reader, as to the author, the inevitable result of the "psychotherapy" which he practises.

The strong, optimistic tenor of the book, its simple, untechnical language, and the directness with which its philosophy is applied to life, make it capable of becoming a vital fact, not merely to physicians, but to every one who has pondered on the relations between the psychic and the physical—to every one, indeed, who honestly desires to keep down the

sum total of needless suffering in the world. That psychic disorders require psychic treatment, that many distressing and dangerous nervous disorders are purely or primarily psychic—these are the theses for which the book contends, together with the obvious completion of the syllogism. It is safe to say that not a day passes in which any one fails of an opportunity to apply the principles set forth by Professor Dubois, and it is in the hope that the publication of his book may promote the seizing of these opportunities, as well as prove illuminating to some of the most prevalent problems of the practitioner, that the American edition has been produced.

Thanks are due to the persevering labors of Mrs. Smith Ely Jelliffe, who provided the translation in large part, and of Miss Grace Goodale, who prepared the Index.

SMITH ELY JELLIFFE.
WILLIAM A. WHITE.

NEW YORK, *June* 17, 1905.

DR. DEJERINE'S PREFACE

THE work of Professor Dubois is that of a physician as well as of a psychologist who for a long time has perceived the important rôle played by psychotherapy in the treatment of the neuroses. At a period when, in spite of the works of Pinèl and Lasègue, showing the necessity for the adoption of moral methods of treatment in the psychopathies, physicians persisted in treating the neuroses solely by physical methods, Dubois has had the merit of showing, in a series of publications, the primordial (fundamental), if not unique, rôle which is played in the treatment of psychoneuroses by what I should like to call psychic pedagogy—that is to say, the reeducation of the reason. He has been the first resolutely to conduct all his therapy in accordance with this guiding idea.

There is to be found in this volume, along with the most interesting psychological considerations, a description of the methods used by the author in his practise of psychotherapy. There are some very beautiful passages which would not be out of place from the pen of a philosopher or a moralist, the perusal of which must impress all, whether patients or physicians, who have the desire to know how and why the psychoneuroses develop, and how they may be cured. But what is most distinctly felt on reading these pages is that they are the work of a man with convictions, to whom one might apply the phrase of our old Montaigne: "Here is a book of good faith."

It gives me, moreover, all the more pleasure to present this book to the French medical public because the author is an old friend. In wishing him the success which he deserves, I only do justice to the work of a man whose talents I esteem as much as I admire his character.

J. DEJERINE.

PARIS, *March*, 1904.

AUTHOR'S PREFACE

Some years ago I received from a young French physician a letter, from which the following lines are an extract:

"The cure of M. —— has made some stir in the medical world of K. Every one knows that neurasthenia is an essentially curable disease, but every one also knows that the methods which must be employed to bring about a satisfactory result are not within the reach of all. The case of M. —— was not easy, and the resources of many of my acquaintances were exhausted in connection with him."

In conclusion my confrère asked my advice upon some points, in order that he might obtain the same results in his medical practise, which he was just beginning.

I answered him by a long letter, in which I tried to bring out the peculiarities of the psychic treatment which I had used; but I had to point out to my friend that it was impossible for me to condense in such a way the experiences that had been gathered during more than twenty years, chiefly devoted to the treatment of the neuroses. It was only by personal conversations that he was able to see my views and put them into such form that he could use them in his practise.

On the other hand, some intelligent patients among my colleagues, with whom I have had very friendly relations, have often expressed a desire to read what I had said to them.

I have held out for a long time against these friendly entreaties. We live in a period of exact research, of laboratory work, and of statistics that are more or less convincing, and I can offer only impressions and opinions which are based upon what I believe to be conscientious observations, and on reflections which are forced upon me by facts, but I do not possess the necessary scientific reputation to insure their acceptance.

If, in spite of these justifiable fears, I dare to face the criticism of my colleagues, it is first because I feel that I am

upheld by the friends who have become interested in my ideas; but, above all, it is because, in the practise of my treatment by psychotherapy, I have had such good and lasting results that I should like to put into the hands of young physicians the instrument which I have found so useful.

The correspondence begun with my young friend has led me to make a résumé of the results of my observations. I have made them the subject of lectures given to the Faculty of Medicine of the University of Berne, and have written them out, not for the public, but for my confrères, and to them I give them, asking only a certain measure of indulgence.

PAUL DUBOIS.

BERNE, 1904.

TABLE OF CONTENTS

CHAPTER I

Modern Medicine — Virchow, Pasteur, Lister — Conditions of Thought Thirty Years Ago—Progress of Surgery, Bacteriology—New Orientation of Medical Ideas—Neglect of the Neuroses—Hysteria, Briquet, Charcot—The School of Nancy and Hypnotism—Neurasthenia: Its Existence in Former Generations 11

CHAPTER II

Classification of the Neuroses—Psychoneuroses or Nervousness—Psychic Origin of Nervousness—Tendency to Assign to it Somatic Causes—Abuse or Physical and Medicinal Therapeutics—Poverty of True Psychotherapy—Mixture of Practical Materialism and Doctrinal Spiritualism—Obstacles to the Development of Psychotherapy 22

CHAPTER III

Rational Basis of Psychotherapy—Education of the Reason—Dualistic Spiritualism — Psychophysical Parellelism — Mgr. d'Hulst—Different Opinions Concerning the Bond of Affinity between the Mind and the Body—Practical Philosophy Founded on Biological Observation—The Importance of the Problems of Liberty, of Will, and of Responsibility 35

CHAPTER IV

The Problem of Liberty—Determinism—Flournoy; Ernest Naville—Imperious Character of the Motives that Induce Action—Popular Conception and Philosophic Conception of Liberty—Our Slavery in the Presence of Our Innate and Acquired Mentality—Moral Orthopedia—Uselessness of the Concept: Will. 47

CHAPTER V

Absolute Responsibility—Social and Moral Responsibility—Independent Morality: Reason is its Guide—Gradual Development of Moral Sentiments — Moral Conscience — Community of Aspirations among the Believers in Free Thought—Search for Happiness: Depends on our Native or Acquired Mentality—Faults of Character or Disorder of the Mind 58

CHAPTER VI

Difficulties of Moral Orthopedia—Criminality—The Partisans of Absolute Responsibility and the Determinists Remain Irreconcilable Adversaries in Theory—Possible Compromise in Practise—Necessity of this Understanding—The Rôle of Human Justice—Educative End of Repression—Urgent Reforms of Penal Laws 70

CHAPTER VII

Monistic Conception—Passivity of the Organism—Absence of True Spontaneity—Mechanism of the Reflex—Psychology is Only a Chapter of Biology—Interpolation of Conscious Acts in the Reflex Arc—Mental States Have Always a Material Substratum—The Ideogenic and Somatogenic Origin of Mental States—Riciprocal Influence which the Moral and the Physical Exercise Upon One Another—The Possibility of Acting on these Mental States by Physical Means and by Moral Influence; Efficacy of the Latter 80

CHAPTER VIII

Slavery of the Mind in the Presence of Certain Diseases: General Paralysis, Meningitides, Epilepsies, Intoxications—Possibility of Escape from It by Education of the Moral Ego—Pinel; Curative Action of the Work of Logical Reflection—The Difficulty of Psychotherapy in the Vesanias; its Efficacy in the Psychoneuroses—Necessity of Clear Ideas on the Genesis of these Diseases—The Importance of Psychotherapy in Every Province of Medicine 93

CHAPTER IX

Psychic Symptoms of Nervousness—Psychic Origin of Functional Troubles—Every Organic Disease Has Its Counterpart in Nervousness—The Characteristic Thing of Nervous Cases is Not Their Pains, but Their Mentality—Mental Stigmata: Suggestibility, Fatigability—Exaggerated Sensibility and Emotivity—Suggestion and Persuasion—Suggestibility in a Normal State 103

CHAPTER X

Fatigability—Muscular Fatigue; Its Location—Mental Troubles Connected with Muscular Fatigue; Tissiér, Féré—Psychic Element of Fatigue—Conviction of Fatigue—Cerebral Fatigue—Ergographic Curves—True Fatigue and Ordinary Fatigue—Dynamogeny and Dynamophany—Importance of these Ideas to the Physician and the Educator 120

CHAPTER XI

Sensibility the First Condition of All Physiological Activity—Sensation: Its Psychic Character—Constant Influence of the Idea, of Autosuggestions, on Our Various Sensibilities to Physical Agents: Air, Barometric Pressure, Temperature, Electricity, Light, Food 133

CHAPTER XII

The Emotions—Physiological Theory; Lange, W. James, Sergi—Intellectualist Theory—Cold, Intellectual Ideas ; Warm Feelings—Subconscious Emotions ; Apparent Automatism of the Emotional Reaction—Psychic Origin of Emotion; Value of this Conception for Treatment—Irrationalism of Nervous Patients — Physical, Intellectual, and Emotional Fatigue ; Dangers of the Last—Unhealthy Impressionability—Temperament and Character 144

CHAPTER XIII

Psychasthenia: Congenital and Not Acquired—Absence of Any Dividing Line Between the Normal Mental Condition and Insanity—Clinical Forms of Psychoneuroses—Neurasthenia : Its Characteristic Stigmata: Physical, Intellectual, and Moral Fatigability—Exaggeration; Significant Contradictions—Mental Instability—Somatic Symptoms Due to Fatigue 157

CHAPTER XIV

Hysteria: Its Characteristic Stigma is Autosuggestibility—Passional Attitudes—Natural Predisposition—Feminine Mentality—Mental Infantilism — Hysteroneurasthenia — Traumatic Forms—Anesthesias—Hysterical Fevers 172

CHAPTER XV

Melancholia — Danger of Suicide — Hypochondria: Its Milder Forms Approach Neurasthenia—Insufficiency of Nosographic Classifications—Hypochondriacal Melancholia—Minor Hypochondrias—Periodic Depression of Lange 184

CHAPTER XVI

Idea of Degeneracy: Morel and Magnan—Mental and Bodily Stigmata—Abuse of the Idea of Degeneracy—Human Imperfections: Physical, Intellectual, and Moral Malformations — Relationship of the Different States of Disequilibrium—Isolated Nervous Symptoms 198

CHAPTER XVII

The Therapeutics of the Psychoneuroses—Suppression of Actual Disorders—Modification of the Mentality of the Subject to Avoid Recurrences—Religious Faith; Suggestions of Charlatans; Suggestion by Medicines; Scientific Suggestion; Hypnosis 209

CHAPTER XVIII

Rational Psychotherapy—Its Efficacy in All Domains of Medicine—The Necessity for Impressing the Patient with the Conviction of Cure—Blind Faith and Rational Faith—The Persistence that is Necessary to Establish the Idea of Cure—Organic Complications—Contrary Suggestions—Necessity of Changing the Mental State of the Subject—Favorable Conditions for Attaining this End 223

CHAPTER XIX

Weir Mitchell's Treatment; Modifications which Ought to be Made in It in Order to be Efficacious—Utility of the Measures of Rest in Bed—Overfeeding and Isolation—Importance of the Psychic Factor—The Treatment of Psychoneuroses Ought to be a Cure of Psychotherapy Made Under the Favorable Conditions of Rest, Overfeeding, and Isolation—Sketch of this Moral Influence 235

CHAPTER XX

Various Symptoms of Nervousness—Digestive Troubles: Their Frequency—Mental Anorexia: Disgusts, Sensation of Restriction, and Depression—Stimulation of Appetite by Psychic Means—Gastric Dyspepsia: Its Genesis and Its Aggravation by Autosuggestion—Gastric Troubles in the Insanities; Cerebral Affections—Broussais; Barras—Easy Diagnosis of Nervous Dyspepsia 249

CHAPTER XXI

Treatment for Dyspeptics—Rest, Isolation, and Preparatory Milk Diet—Building Up by Overfeeding—Massage—The Value of these Measures—Necessity of Inducing Obedience by Persuasion—Results of the Treatment and Examples 265

CHAPTER XXII

Influence of Mental Representations on the Intestine—Abuse of the Word "Enteritis"—Emotional Diarrhea—Necessity of Combating this Psychic Sensibility—Fixation of Thought on Intestinal Troubles—Its Inconveniences—Physiological Experiences; Pavlow and Kronecker—Mucomembranous Colitis: Its Habitual Cause, Constipation 278

CHAPTER XXIII

Habitual Constipation—Uselessness of Laxatives—Efficacy of Treatment by Training—Influence of Habit—Outline of Prescriptions Intended to Reestablish the Intestinal Function—Suggestive Influence—Psychology of Constipated Patients . 291

CHAPTER XXIV

Disturbances of Circulation—Emotional Tachycardia—Basedow Symptoms—Permanent Tachycardia: Its Existence in the Tuberculous—Arythmia: Intermittent, Accidental Murmurs—Suppression of Cardiac Disturbances by Psychotherapy—Nervous Dyspnea—Convulsive Cough—Stuttering—Nervous or Hysterical Aphonia—Mutism 305

CHAPTER XXV

Disturbances of Urinary Functions—Retention; Phobias—Nocturnal Incontinence — Polyuria — Pollakiuria — Qualitative Modifications of Urine—Disturbances of Sexual Life; Their Frequency in the Psychoneuroses—Sexual Psychopathy—Onanism—Physical and Psychic Influence—Menstruation and Menstrual Psychoses—Nervousness at the Menopause—The Critical Age—Possibility of Psychotherapeutic Intervention in these Various Conditions 319

CHAPTER XXVI

Troubles with Sleep—The Uselessness and Dangers of Narcotic Medication—The Insufficiency of Various Kinds of Hydrotherapy—Efficacy of Psychotherapy—Causes of Insomnia: Physical Ones, Too Vivid Sensorial Impressions; Moral Ones, Intoxications and Autointoxications; Preoccupations or Obsessions—Anxiety in Trying to Get to Sleep—Psychotherapeutic Machinery—Creation of a Mental Condition Favorable to Sleep—Abuse of Medicinal and Hydrotherapic Treatment . 334

CHAPTER XXVII

Various Nervous Attacks—Their Usual Treatment by Antispasmodics, Hydrotherapy, etc.—Advantages of Moral Treatment—Sudden Cessation of Attacks under the Influence of Change of Environment—In Hysteria Everything is Mental, and the Treatment Should be Psychotherapeutic—Possible Failures—Persistence of the Hysterical Mentality—Moral Obstacles to Cure—Spirit of Contradiction—Self-esteem—A Few Words on Traumatic Hysteria 347

CHAPTER XXVIII

Disturbances of Motility—Spasms, Tics, and Myoclonias—Intervention of Mentality—Professional Cramps—Influence of Uneasiness, Timidity—Charcot, Brissaud, Meige and Feindel—Psychomotor Discipline—Kinesotherapy and Psychotherapy—Advantages of Pure Psychotherapy in Patients in whom the Phobic Element Predominates 360

CHAPTER XXIX

Conditions of Helplessness in Various Motor Domains—Their Psychic Origin—Paraplegia—Hysterical Astasia-abasia—Stasophobic and Basophobic Symptoms in the Course of Other Psychoneuroses—Example of Cure by Pure Psychotherapy . 374

CHAPTER XXX

Example of Psychic Treatment in a Case of Psychoneurosis with Multiple Symptoms—Nervous Pains Cured by Suggestion—Value of Direct Psychotherapy—Utilization of the Stoic Idea; Seneca—Pelvic Neuralgia Cured by these Measures 388

CHAPTER XXXI

Analysis of a Case of Hysteria with Multiple Symptoms—Disastrous Effect of Wavering in the Diagnosis and of Local Treatment—Only a Direct and Frank Psychotherapy Puts an End to the Vagaries of the Disease—Recent Progress of Psychotherapy—Buttersack, of Berlin—The Works of D. P.-E. Levy, of Paris—The Education of the Will—Necessity of Holding to Psychotherapy Pure and Simple 401

CHAPTER XXXII

Proofs of the Value of Moral Treatment in Psychoneuroses—Modification of Mentality as the Result of Advice—Relation of a Case of Psychoneuroses which, Having Resisted Physical and Moral Cure, was Cured in a Single Day by Psychic Influence—Divers Cases of Nervousness, in which the Cure has been Obtained without Physical Means (by Psychotherapy) in the Course of a Few Conversations 412

CHAPTER XXXIII

Psychotherapeutic Treatment Without the Intervention of Physical Measures—Case of Neurasthenia of a Melancholic Nature—Cure and Relapses—Case of Disequilibrium—Suppression of all Maniacal Impulsions by a Few Conversations—Incurability of Certain Psychoneuroses—Mental Peculiarities which Make One Foresee Failure—Moral Idiots—Disturbances of Feelings of Affection in the Psychoneuroses 425

CHAPTER XXXIV

Etiology of the Psychoneuroses—The Causes the Same as those of Insanity—Definition of Nervousness—Predisposition, Heredity, and Natural Disposition—Relation of Nervousness to Physical Debility—Anemia, Arthritism or Horpetism, and Cholemia—Purely Somatic Origin of Certain Psychoneuroses—Advantages of a Persevering Psychotherapy—Necessity of Making it Rational 439

CHAPTER XXXV

Conclusions—Views on Medicine in the Twentieth Century—Surgery—Internal Medicine—Medicative Therapeutics, Physiotherapy—Constant Intervention of Psychotherapy: Its Necessity in the Struggle Against the Psychoneuroses—The Precepts of Physical, Intellectual, and Moral Hygiene . . . 451

INDEX 463

PSYCHIC TREATMENT OF NERVOUS DISORDERS

CHAPTER I

Modern Medicine—Virchow, Pasteur, Lister—Conditions of Thought Thirty Years Ago—Progress of Surgery, Bacteriology—New Orientation of Medical Ideas—Neglect of the Neuroses—Hysteria, Briquet, Charcot—The School of Nancy and Hypnotism—Neurasthenia: Its Existence in Former Generations

MODERN MEDICINE boasts of being scientific, and certainly with reason.

The gross empiricism and doctrinal statements of the beginning of the nineteenth century have given place to exact research and the patient study of facts; medicine has become experimental. Often a more progressive person attempts some brilliant synthesis, but his theoretic views are still based on facts that are accepted as established. They are not evolved in the study; they come from the laboratory, which everywhere, whether it be modest or elaborate, is an indispensable adjunct to the clinic.

From physics, chemistry, and even mathematics we have learned methods of work and analytical processes. The allied sciences have furnished us with powerful aids to investigation, by means of which we have been able to study symptoms and make diagnoses with a precision that has been hitherto unknown, so that each day records a new conquest.

A brilliant era has already begun under the influence of pathological anatomy. The microscope opens up new horizons and permits the study of the alterations of tissues in their finest details. Cellular pathology has been born, and the name of Virchow marks a date that will never be forgotten in the history of medicine.

A little later the genius of Pasteur led us in a new direction. Our eyes were unsealed, and we were enabled to catch a glimpse of the important rôle that microbes play in the etiology of a great number of diseases. Practical results were not expected; under the stimulus of Lister, surgeons began the work of attacking the enemy before they had even learned its nature, and out of this movement arose the greatest practical discovery of the century, antisepsis. The tendency to-day is to give the place of honor to asepsis, but the principle is the same. The object is to protect the injured tissues from the micro-organisms which would hinder the natural work of healing and expose the patient to the danger of general infection.

I remember very well the state of mind with which these astonishing discoveries were received some thirty years ago. They excited general enthusiasm. The younger generation was carried away by the powerful rush of ideas, and more than one old physician regretted that he was no longer on the school benches and could not be associated in this magnificent work.

But, as is always the case during these periods of infancy, there were exaggerations. Surgery took the first place; it hesitated at nothing. Operations that had formerly been considered dangerous became possible, and one could hear the public exclaim: Surgery has taken immense strides, but medicine is at a standstill; it is to-day exactly where it was in the time of Hippocrates. The watchword seemed to be: No sickness without visible lesions; behold your enemy, the microbe. Let us do battle with knife, cautery, and antiseptics! Since that day surgeons have had for their brothers in internal medicine a patronizing smile mingled with a little disdain, and it was from this period that one dates their tendency to make bold incursions into the classic domain of medicine. Wherever the idea of operative intervention cropped up in their minds they did not hesitate to act with a confidence in the efficacy of their weapons that may, perhaps, have been exaggerated.

I would be lacking in perspicacity if I refused to recognize

the good that has resulted from this progress. I am too skeptical on the subject of internal medication not to accept with thanks the help of the surgeon, and I believe that by the constant working together of physician and surgeon there can be brought about true progress which will be of great benefit to the sick.

But there is a limit to everything, and one often hears a surgeon discuss his operations in a way which shows that it is not always easy to develop simultaneously his manual dexterity, his good sense, and his moral conscience.

Bacteriology continues to-day with its patient, useful work. Innumerable microbes are cultivated, and a modern laboratory constitutes a regular infinitesimal menagerie of malignant bacilli. But not content with putting them in cages their keepers subdue them with antitoxins and serums, sometimes with curative and sometimes with preventive results.

Finally the thyroid gland, which the surgeons formerly extirpated as a useless glandular mass, without excretory canal and without functions, has become an important organ. We attribute to it an internal secretion, and the confirmation of this theory has thrown some light on the pathogeny of myxedema and Basedow's Disease.

Here again we find the tendency to go to extremes; after having seen microbes everywhere we dream only of internal secretions, and we find ourselves in the fantastic domain of opotherapy.

Thus, encouraged by the certain therapeutic action of some serums, such as that of diphtheria in particular, we have come to a conclusion too quickly, and have sought a panacea in serotherapy. It would not matter if science alone were compromised by these hasty generalizations, for it is by passing through error that the truth is reached. But the sick have suffered by them; they have the right to reproach us for our lack of consideration, and often even for our mercantile spirit.

Let us not forget physical means of treatment, such as hydrotherapy, massage, gymnastics, and that universal servant, electricity. If the chemists did not daily throw upon the market some new medications the druggists would become

objects of pity. Really what astonishes me most, as I make this enumeration of our new means of treatment, is that there are any sick people left.

By reason of these successive innovations the relation of medical studies has changed. For a long time the interest was centered first upon diseases with organic lesions. Only the study of this class of diseases seemed capable of satisfying the thirst for precision which tormented the younger generation. Functional troubles and neuroses were forgotten, the psychic side of the human being was neglected; and I might almost say that for a very long time the difference between the veterinarian's art and that of the physician was only one of clientele! This is still true to-day.

However, this very natural infatuation did not overwhelm all minds, and some distinguished physicians continued, especially in France, to devote their wisdom and persevering labor to the study of nervous and mental disorders.

One of the important neuroses, hysteria, had particularly suffered from the neglect to which it had been subjected by the new course of medical ideas.

It must be admitted that the study of the varied manifestations of this trouble appeared discouraging. The multiplicity and the queerness of the symptoms, as well as their dependence upon the imagination, seemed to make all attempts at classification delusive. It appeared impossible to arrive at any clear definition or to construct a satisfactory clinical picture; one was lost in the details of an interminable enumeration of incongruous and incomprehensible phenomena. The practitioner, already ill at ease on scientific ground, undertook the treatment of hysterical cases only with a certain repugnance, the more because the troubled mental condition of his subjects often made the relations of the physician to the patient very difficult.

Briquet, in 1859, had undertaken, in a didactic work, the classification of the symptoms, and sketched a complete nosographical picture of hysteria; but it was reserved for Charcot to focus interest on this difficult question. Patient and discreet, he applied himself first to the simple facts that were easy to analyze or to reproduce experimentally. He passed

over the more complex problems, and from his lips and his pen hysteria became interesting. It was a pleasure to follow the master over this ground which he had illuminated, and where he led with so sure a hand.

The scholarly descriptions of the French master were received with enthusiasm. A rich vein had been laid bare; one could henceforth get to work and bring to the study of the neuroses the precise methods of analysis of the modern clinic.

Curiously enough, however, there was some trouble in getting the Germans especially to take these didactic descriptions seriously. The German clinicians smiled, and insinuated that it was necessary to go to Paris to observe major hysteria. According to them the robust wives of Germany did not show their nervousness in such extravagant fashion. A matter of race, of temperament, they said; the Latin race is in its decadence!

They have had to retreat from this position and to learn to observe. Diseases which appear rare become frequent as soon as one has learned how to diagnose them, and to-day the classical symptoms of hysteria are described in all countries in almost identical terms.

One would almost have thought, however, that the study of the major neuroses, on account of the psychological problems which it raises, would be particularly interesting in Germany, the country of profound and sometimes obscure philosophies. On the contrary, however, it was in France that the clinicians applied themselves to the study of nervous diseases, and they brought to these researches such delicacy of psychological observation and such clearness that the foreigner was pleased to recognize them.

But if the clinical picture traced by the hand of Charcot excels in the clearness of its drawing, this is due in part to the didactic methods of the master. His forte was to sketch the chief symptoms like the master artist who, with a few strokes of his pencil, throws upon paper the whole physical and moral personality of his model.

At the same time, endowed with the spirit of authority, he

handled his subjects as he would; and without, perhaps, taking them sufficiently into account, he suggested to them their attitudes and their gestures. Example is contagious in the domain of neurology, and in the great hospitals of Paris, at La Salpêtrière, all cases resemble each other. At the command of the chief of the staff, or of the internes, they begin to act like marionettes, or like circus horses accustomed to repeat the same evolutions. Actually one can still find at La Salpêtrière some of these old horses doing their turn. The dream or suggested fancy of these poor patients has been respected, and the exhibition, given to physicians who are strangers, always follows the same program. The regularity of the phenomena observed is due to the suggestion which the physician, either voluntarily or involuntarily, exercises.

Under Charcot this pseudoexperimental study impelled the observer, as it were, to create hysteria and to give to it the complete reality of a morbid entity; to-day at La Salpêtrière, as elswhere, they imagine that they can cure at the same time that they are studying the symptoms.

The influence of suggestion upon the development of symptoms has been brought to light particularly by the work done by the school of Nancy on suggestions made in the hypnotic sleep or the waking state. These experiences, repeated every day in all countries, have shown that man in his normal state is much more credulous than he supposes himself to be—in fact, that he is suggestible in the highest degree.

The doctrines of the observers at Nancy have spread in spite of the definite opposition of Charcot and his pupils. At La Salpêtrière, in short, to be hypnotizable was to be hysterical, sick. It was in the subjects attacked by major hysteria that Charcot succeeded in provoking by different means catalepsy, anesthesia, and somnambulism.

When Liébault and Bernheim succeeded in producing sleep in a large number of non-hysterical patients, when they were able to reproduce in healthy persons the curious experiences brought about by somnambulism, they were just a little bit embarrassed at Paris. It was still worse when Bernheim declared that the hypnotic sleep was nothing but the result of

suggestion, that he could obtain it in ninety per cent. of the patients in the hospitals without the aid of magnetic passes, without staring at any brilliant object, merely by verbal suggestion.

It was plainly necessary to give up the idea that suggestibility was a symptom of disease and to be considered as an indication of a true hysterical condition; it had to be frankly recognized that a healthy man is suggestible enough to accept in broad daylight, in a few seconds, the suggestion of sleep, and that in the resulting hypnotic state he can often be, at pleasure, rendered insensible to pin pricks, plunged into catalepsy, and, finally, made to accept suggestions of complete forgetfulness on waking.

It was easy also to see that suggestibility is more pronounced in the sane. The autosuggestions of the hysterical and the fixed ideas of the insane often make these patients refractory to outside suggestions.

It is enough, to be convinced of these facts, to pass a few hours at Nancy. But here one comes across the susceptibility of the medical fraternity, the rivalries of the schools—I was going to say of the cliques, according to the jargon of the disrespectful. At Paris they pretend to ignore Nancy. Can any good come out of Nazareth? And while physicians all over Europe were following with interest, believing in these experiences that were conclusive by their very simplicity, at Paris they were talking of the " minor hypnotism " of Nancy!

I had the pleasure of spending a day at Nancy in 1888, and what I saw in a few hours, under the kindly direction of Professor Bernheim, has sufficed to dissipate my last doubts, and to make me set out more resolutely than ever along the path of psychotherapy, in which I had walked but timidly before.

Since then, nevertheless, I have resolutely and completely turned my back upon professional hypnotizers; I have preserved a very vivid memory of the things I saw, and a profound gratitude of the investigators who have clearly shown the immense influence of suggestion.

I had at this time a talk with Bernheim to learn how he happened to take up hypnotism. He replied in these words:

"As professor of the clinic I read Charcot's descriptions with enthusiasm and tried to reproduce the phenomena observed at La Salpêtrière. I did not half succeed, often not at all. It was in vain that I brought pressure to bear upon the eyeballs of patients or surprised them by making a terrible noise; they wouldn't go into a cataleptic state. I was not able to get the contracture by pressing on the ulnar nerve, and I was a little bit ashamed of my lack of ability. I then heard some one speak of Doctor Liébault who, they said, plunged his patients into an hypnotic sleep, and I had the curiosity to be present at his experiments. I found in his office several persons in the hypnotic state, some sleeping in a natural position and others fixed in cataleptic attitudes. I was able to satisfy myself that anesthesia could be produced in these subjects, and to study, under the direction of a physician who was convinced of it, the very strange phenomena of hypnotism.

"Still quite skeptical, I made some attempts upon an inmate of an insane asylum; then on the different patients of my service. Faith came to me, and with it suggestive authority; to-day I can obtain a result by a simple verbal suggestion nine times out of ten."

The facts are there; they are undeniable; they can not be ignored by those who are interested in nervous pathology; yet, nevertheless, to-day one still sees treatises on hysteria, the authors of which seem to ignore absolutely the discoveries at Nancy.

Also, in discussing the subject with one's confrères, even with those who are not bound down by any theories of their own, one is surprised to see how few can go to the end of their logic and recognize this fundamental fact of human suggestibility.

Since the works of G. Beard, a new nervous disease has been imported from America, and seems to be propagated like an epidemic. The name of neurasthenia is on everybody's lips; it is the fashionable disease. But I am mistaken, the disease is not new; it is the name by which it is known that is changed. It used to be described under the name of hypochondria, or melancholia; often it was confused with hysteria.

For the public it was nervous troubles, moods, or excess of nervous excitement. In fact, physicians had often attempted to make of this nervous condition, which is now called neurasthenia, a separate disease, and had given it successively such names as nervous weakness, irritable weakness, general neuralgia, spinal irritation, cerebrocardiac neuropathy, nervousness, and neurosis.

It is possible that this affection may have become more frequent under the influence of modern life, but it must not be forgotten that we now designate by this name a combination of symptoms known through all time, and which are for the first time grouped together as a whole. A morbid entity had thus been created, and nothing is more quickly adopted in medicine than a new name. It is a label that permits us to classify symptoms without making it necessary to study them very carefully. You see with what facility we have learned to use the word influenza. It saves us a great deal of mental labor, and allows us to make a diagnosis without racking our brains.

But this easy method of classifying disease has its inconvenient side, and we sometimes find ourselves facing our patients in a very difficult position, when the so-called influenza becomes tuberculosis, meningitis, or typhoid fever, and we are reduced to the unpleasant expedient of making lame excuses.

An old practitioner who, after sixty years of practise, had completely retained his memory and his talent for observation, once said to me in consultation: "At the beginning of my career, I noticed absolutely the same nervous troubles that you sum up in this word neurasthenia, and, it seems to me, just as frequently as to-day. When the mental condition was disturbed, so that the patient was sad or uneasy, we spoke of melancholia or hypochondria, but if the functional troubles seemed to exist alone, we did not dream of grouping these symptoms together; our diagnosis was cephalalgia, rachialgia, gastric or intestinal dyspepsia, etc., and we attacked each one of these symptoms separately. You have been able to discern the bond that connects these divers troubles one with the other, and to grasp the mental condition of the patient. This is what

gives you the sensation of being face to face with a disease newly created in its entirety, as it were, by the conditions of modern life."

At the beginning of the nineteenth century the celebrated Swiss physician, Tissot,[1] described carefully these nervous conditions, and indicated the causes, both physical and moral, that brought them on.

It is enough to read the *Traité sur les gastralgies, et les entéralgies nerveuses* of Barras [2] to be convinced that there is nothing new under the sun, and that our ancestors possessed, like ourselves, the peculiar mental conditions that we now recognize as playing such a decisive rôle in the etiology of the various neuroses. Neurasthenia, unnamed, existed as hypochondria, melancholia, and hysteria. The leaping and dancing (gyratory) epidemics, the acts of sorcery, the practise of exorcism of the middle ages show rather that the generations that preceded us were infinitely more susceptible than we are to-day. Insufficiently restrained by reason, the mental representations acquired an incredible acuteness, and went as far as hallucination and the state of delirium in persons who hitherto had appeared sane. Modern hysteria is very modest and demure compared with the mental states revealed in *Démoniaques dans l'art* by Charcot and Paul Richer, and the *Bibliothèque diabolique* of De Bourneville.

If Neurasthenia, this twin sister of Hysteria, has passed by and scarcely been perceived, it is because she has been evolved in a much less dramatic manner. She is more individual, less contagious, and she does not lead up to a loss of reason.

Life has to-day become much more complex; it exacts more of us, more of our cerebral activity; it lays bare our weaknesses. On the other hand we have become more tender and more interested in our ills, and modern medicine regards the well-being of each one of us with much more solicitude than ever before.

---

[1] *Œuvres complètes de Tissot.* Nouvelle édition. Published by M. P. Tissot. Paris, 1820, t IX.

[2] *Traités sur les gastralgies et les entéralgies ou maladies nerveuses de l'estomac et de l'intestin, J.* P. T. Barras. Third edition. Paris, 1829.

We no longer tie our hysterical patients to the stake: we nurse them; we do not load poor fools with chains: we give them ample freedom in comfortable asylums; we do not leave our neurasthenics to themselves, we do not let them founder as though they were abject wrecks of humanity: but we give them moral support in order to make of them useful members of society.

In spite of the bitter struggle for existence, a sentiment of altruism pervades humanity. We all work for the good of all. It is only when we begin to gather up all the wrecks of life that we stop to count them, and that is, in a large measure, why they seem so numerous to-day.

I do not pretend to decide here in a few words such a difficult question as that of determining whether there are to-day more fools and neurotic people than in other days. But I can not fail to recognize the march of human progress and the conquests of physical hygiene. I can not believe that mental hygiene is marching in the opposite direction, and I have unshaken confidence in the very slow but continuous development of our mentality.

CHAPTER II

Classification of Neuroses — Psychoneuroses or Nervousness — Psychic Origin of Nervousness—Tendency to Assign to it Somatic Causes—Abuse of Physical and Medicinal Therapeutics — Poverty of True Psychotherapy — Mixture of Practical Materialism and Doctrinal Spiritualism — Obstacles to the Development of Psychotherapy

It is in the class of neuroses that hysteria and neurasthenia are placed, and it is of these neuroses that we think, first of all, when treatment by suggestion or psychotherapy is spoken of. But, as Axenfeld says, "the entire class of neuroses has been based on a negative conception; it was born on that day when pathological anatomy, having undertaken to explain disease by changes in the organs, found itself brought face to face with a certain number of morbid states for which no reason could be found."

The number of neuroses ought, therefore, to diminish with the progress of pathological anatomy; for just as soon as a lesion is discovered that satisfactorily explains the symptoms observed during the lifetime of the patient, the disease should be stricken from the list of neuroses, and in such cases an anatomico-pathological name is apt to take the place of the clinical one.

Nothing is more vague, however, than the definition of neuroses, and when one attempts to make a classification one finds himself in the midst of insurmountable difficulties. What can be done with this artificial group of *sensory neuroses* in which have been thrust pell-mell various hyperesthesias and anesthesias, the former symptomatic, and due to lesions of the nerves that are either well recognized or highly probable, the latter dependent on a general nervous condition? Of what advantage is it to construct a large group of *motor neuroses,* bringing together contractures, spasms, the various paralyses

and tremors, and then forcing into this list paralysis agitans, or Parkinson's Disease?

In each one of these pathological conditions clinical analysis ought to be carefully made. In the greater number of acute and stubborn neuralgias and in the various paralyses marked lesions will be found.

We should not be in too great a hurry to describe a disease as "nervous," and if we are often obliged to do so it is because we have proof that, along with the local symptoms, there are more central symptoms, a general neurotic condition. In opposition to the neuroses with localized peripheral symptoms, the name of *central neuroses* and *general* or *complex neuroses* is given "to those that are characterized by simultaneous disorders of sensation, of movement, and of intelligence, and which, by the great extent of the symptoms and by their multiplicity, reveal an undoubted affection of the nervous centers" (Axenfeld et Hurchard).

In spite of all the restrictions that have been made, the class of neuroses is still too large, and the classic treatises upon the subject put into this class diseases which have nothing to do with it.

It is no longer permissible to leave tetanus in this group, since it is due to a pathogenic micro-organism acting directly upon the nerves. We must give up the name of eclampsia, a vague term applied to epileptiform convulsions, whether they are due to intoxication or to cerebral lesions. I do not hesitate to strike from the list of neuroses, in the strict sense of the word, epilepsy, or, rather, the epilepsies. Epileptoid crises, with real loss of consciousness, may occasionally occur without any known cause, or, under the influence of moral emotion, in persons afflicted by hysteria or neurasthenia, but they are rare and transient symptoms. Confirmed epilepsy, most often incurable or persistently rebellious, presents various cerebral changes.

It is not necessary to wait to discover a single specific lesion. The epileptic crisis is only a symptom, and may, perhaps, be ascribed to lesions varying in their nature and course. A very narrow line divides the "morbus sacer" or the "sacred

disease" from Jacksonian epilepsy. The surgeons know so much about it that they feel authorized to step in when medical treatment proves of no avail, and they go groping around, blindly searching for some sort of a lesion; often they have no other end than to relieve the brain of an abnormal intracranial pressure which is, however, for the most part purely hypothetical. In spite of the studies of Chaslin, confirmed from various sources, and which prove the existence of a cortical, neuroglial sclerosis, the pathological anatomy of epilepsy can not be considered as an established fact.

I do not ignore, on the other hand, the loose bond which binds epilepsy to migraine, connecting the former with the neuroses and the latter with the insanities. In theory it is difficult to set forth any clear ideas upon the subject. But when in practise we make a diagnosis of epilepsy we feel the seriousness of the situation, we are seized by the idea of its more or less complete incurability. In the migraines and neuroses, on the other hand, the prognosis is less harsh. We dare to tell our patients frankly what the trouble is, whereas we should hesitate to let the fatal word "epilepsy" fall from our lips. This shows how far removed this terrible disease is from migraine.

The common chorea, or St. Vitus' dance, may, if one wishes, be kept in the class of neuroses. It may *a priori* be affirmed that it is not due to any profound anatomical changes, as it is easily cured in a very short space of time. But it is what we might call a typical walking disease, of short duration, affecting particularly children of the female sex. Its relations with rheumatism and affections of the heart are undeniable. There have been found in autopsy various cerebral lesions which may, however, be secondary, and English physicians have been almost ready to attribute chorea to innumerable capillary emboli involving the optostriate bodies. We also find that chorea does not derive any great benefit from treatment by psychotherapy, while it is benefited by rest.

The cases in which a psychic influence, particularly imitation, plays a prominent rôle (as in epidemics of chorea) have nothing whatever to do with the chorea of Sydenham, and

ought to be attributed to hysteria. The fact that intense emotion can act as a determining cause of chorea should not be used to classify the disease among the neuroses. One may meet the same etiology in paralysis agitans, in Basedow's disease or exophthalmic goitre, and even epilepsy. Constant lesions of the nervous system have never been found in these diseases, but the very rebellious nature of these affections and their frequent incurability leads us to think of structural changes in the nerve cells, even tho it may have been a moral emotion that had been the first cause of the attacks.

I have said that we must successively erase from the list of neuroses all the affections of which the anatomist is able to discover the cause. One might thus come to the conclusion that the word *neuroses* is useful only as a temporary classification, and that it is destined to disappear from medical terminology.

In short, when pathological anatomy discovers a lesion, a focus of inflammation, a hemorrhage, a thrombosis, and when chemical analysis discloses a condition of intoxication, we no longer speak of neuroses, even tho the symptoms might have been essentially "nervous." We thus recognize the first cause of the clinical syndrome in the various somatic affections, syphilis, tuberculosis, arteriosclerosis, alcoholic intoxication, uremia, etc. These conditions do not exist in the affections which we *always* call neuroses, or, as I propose to do, *phychoneuroses,* even when we succeed in revealing the cellular changes which have produced the nervous or mental trouble. Just here we find ourselves face to face with a fundamental factor: *the influence of the mind and of mental representations.* The affections of the psychic life are no longer simply secondary and determined by a primary change of cerebral tissue, as in general paralysis and other diseases of the brain. The source of the trouble is, on the contrary, psychic, and it is the *ideation* which causes or harbors functional disorders. One could boldly classify such neuroses along with the insanities and designate them under the name of *psychoses.* Theoretically I do not hesitate to affirm that nervousness in all its forms is a psychosis. But practically this appellation has great draw-

backs. First of all, it hurts the feelings of the neuropaths. We accept the term *nervous diseases* without any sense of shame, but we do not like to be characterized as psychopaths. It is good, however, to separate from the confirmed psychoses those mild psychoses which, as we shall see later, differ but very slightly from the normal state. The former, the vesanias or insanities, call forth a much more unfavorable prognosis, and their treatment more often demands a sojourn in the institutions for the insane.

The psychopathic states of which we speak are milder; they are compatible with family and social life; the patient does not go to a professional alienist, he seeks help from his ordinary physician or from the neurologist. For such affections I have used the term *psychoneuroses;* it separates them from the properly called insanities, while at the same time indicating the psychic nature of the trouble. The second part of the word indicates those functional nervous troubles which accompany the psychopathic state. The only inconvenient thing about the word is that it is heavy and lacks euphony. I shall also often use the word *nervousness.* It prejudices no one, and can not in any way hurt the natural susceptibility of patients.

Having eliminated the neuroses which are probably somatic in origin, I only keep in this group of *psychoneuroses* the affections in which the psychic influence predominates, those which are more or less amenable to psychotherapy; they are: neurasthenia, hysteria, hysterical neurasthenia, the lighter forms of hypochondria and melancholia, and finally one may include certain conditions of very serious disequilibration bordering on insanity.

If, for the convenience of speech, I use the common term *nervousness,* I by no means intend to suppress the clinical names consecrated by usage. They are titles which always serve to distinguish the form which the nervous troubles take. But I insist at the start on the impossibility of tracing the exact boundary line between neurasthenia, hysteria, and the hypochondriacal, and melancholic states.

It is to these *psychoneuroses,* to this *nervousness,* that the

treatment by psychotherapy is particularly applicable. It is in this domain that we witness a slow but continual transformation of our medical ideas full of import to practical medicine.

Nervousness is a disease preeminently psychic, and a psychic disease needs psychic treatment.

This is the conception that a physician should have in mind is he wishes to undertake the treatment of nervous diseases with success. These psychoneuroses are frequent, they are often very serious, and, much more than organic troubles, they can destroy the happiness of individuals and of families. The physician who interests himself in the mental life of his patients, who paints, as it were, the secrets of their souls, is moved by the suffering which he sees; he sincerely pities these unfortunate beings and sympathizes with them. Bodily illness, however painful it may be, seems to him less cruel than these psychoneuroses which attack the personality, the very ego.

The patients themselves are aware of this change in their mental condition, and often envy all sorts of people who are suffering even with painful diseases, but whose mental condition is not affected.

To add to the misfortune, nervous patients are often misunderstood. They keep up an appearance of good health for a long time; they show very great variations in their dispositions, to-day suffering martyrdom and to-morrow able to take up their work with a certain briskness.

Their relatives, even the most loving and best meaning, do not know what to think of these fitful changes. They get into the habit of reproaching the patients for their laziness, their caprices, their lack of energy. Their encouragements are taken in the wrong spirit and only serve to increase the irritability, the sullenness, and the sadness of these poor nervous people.

The overwhelming influence of emotions of all kinds on the development of these psychoneuroses is perfectly obvious. But, alas, the great majority of physicians go about as tho they had never noticed it!

They are so impressed with their rôle of physician to the body that they are always hunting among the organs of the

abdomen for the cause of all these psychic and nervous troubles.

The uterus has had the honor of being most frequently under suspicion, particularly when the question concerns an hysterical form of nervousness. The etymology of the word has contributed to keep up these etiological ideas; the association of ideas is so easily formed in our heads, especially when the ideas are unpleasant, that the word brings up the idea. But if so much persistence has been shown in incriminating the uterus it is because hysteria, at least in its convulsive forms, is observed chiefly among women, and because it often culminates during those periods of life when some delicate function (puberty, the menstrual flow, menopause, various changes in the uterus and its adnexa) is accomplished in the genital organs.

There are evidently relations there which it would be wrong to neglect. But there is a vast difference between this etiological idea, which recognizes the possibility that the phenomena of the sexual life may be an exciting cause, and the ancient idea, which is always being revived, "that the most frequent causes of hysteria are the deprivation of the pleasures of love, the vexations in connection with this passion, and the derangements of menstruation."

As Briquet has said, the treatise of Louyer-Villirmay which contains this statement, as clear as it is exaggerated, seems to date rather from the middle ages than from 1816.

But it is the same false idea; as with scandal, some fragment always persists, and I often hear from the lips of practitioners, both old and young, the aphorism: "*Nubat illa et morbus effugiet!*" (Let her marry and the disease will disappear).

When the existence and frequency of male hysteria had been duly proved, the partisans of the genital origin of hysteria were in no wise nonplussed. Was there not in the mysterious sense awakening in boys, in onanism, in sexual excesses of all kinds, and in malthusian practises, sufficient cause to explain the genesis of hysteria and neurasthenia?

Later it was the digestive organs that were dwelt upon.

The tendency was toward intoxications by the products of imperfect digestion. Everybody was seized with attacks of dilatation of the stomach, of gastroptosis, of enteroptosis, or, more generally, of organoptosis. They could hardly keep from putting the kidney back into its niche and lifting up the whole intestinal organs bodily. They had recourse to dry diet, to massage, to medicines that toned up the muscular walls of the stomach, and to intestinal antisepsis. At last the surgeons offered their radical aid and took upon themselves the responsibility of reducing the stomach to more suitable proportions.

Nervousness was brought into line with gout, and the bold statement was made that nervousness was arthritis. To-day it is cholemia—that explains everything.

Traumatism, exhaustion, and I know not what, have been accused of being sufficient to cause nervousness in all its forms. The title, neurasthenia of chronic fatigue, has been promulgated, and complete rest, not only for several weeks, which would be useful, but for months and years, has become the only expedient of health for nervous patients. It has been the practise to stimulate energy by douches, by electric currents, by massage, by dry friction, and by bicycling. The nerves have been toned up by glycerophosphates, neurosine, injections of séquardine, or by artificial serums; we have even seen it done by salt solution. This reminds me of a very suggestive advertisement found on the fourth page of a journal: *Physical and mental health may be recovered by the use of cocoa and oatmeal.*

But one might say only physicians with no experience and little psychology could arrive at such inane conclusions. Not at all; the specters of retroversion, of dyspepsia, of atrophic gastritis, of the dilatation of the stomach, of enteroptosis, of cholemia, still haunt the mind of the majority of physicians. There are, moreover, physicians and professors whose clientèle brings them into constant relationship with neurotic patients, and who are every day called upon to give their advice, who deny this simple idea of the psychic origin of nervousness.

When I say that they deny this fundamental idea I am going, perhaps, a little too far; but, at all events, they forget it

at the moment when it would be most useful for them to remember it—that is, when they are explaining to their patients the measures that they are to take.

I have had under my eyes, through the medium of my patients, a great many prescriptions proceeding from the best-known men of the medical profession, specialists in neurology and psychiatry, and I have been astonished at the poverty of their psychotherapy. After having read on the one hand the descriptions of the disease in which the author very carefully insists on modifications of the mental condition, I find on the other hand only the most foolish therapeutic indications, baths, douches, rubbings, injections of strychnine, and the inevitable bromide.

These prescriptions seemed to me so out of accord with the premises that I had thought that the author had not intended to write down the psychotherapeutic part of his consultation, but had touched upon this subject in conversation. The patients, however, assured me that they had received no advice of this kind whatsoever.

There is, nevertheless, some progress, and during the last few years I have noticed several prescriptions where, at the end of the page, *after* cold water, or hot water, *after* the bromide or the trional, was written: *moral treatment.*

At last, I said to myself, here it is; and I questioned my patients upon the oral interpretation which had been given to these words. "But nothing was said to me about it, nothing at all; the only thing that was said was that *moral treatment* was necessary, and after that I was allowed to go away." This is the reply that I have received from these patients who have literally run all over Europe to find a cure.

At last, quite recently, I saw some ladies who had sampled psychotherapy in all its purity, and whose fixed ideas had been studied by the methods of physiological psychology. But the interest that was shown was of too scientific a nature, and the patients were given to understand that they were nothing but mad people. To study patients is not to cure them.

But you forget us, the hypnotizers will say; yes, we agree on this point, nervousness is psychic in its nature, and our pro-

ceedings are psychotherapeutic *par excellence.* In the twinkling of an eye, whether in the hypnotic sleep, in hypotaxia of the slightest nature, even in the state of being wide awake, we juggle the autosuggestions of our patients as a juggler would his little balls, and we make them well.

I never forget our modern successors of Mesmer, but their case is more serious, and I will take it up when I analyze the therapeutic measures of overcoming nervousness.

How is it that physicians find it so difficult to recognize the mental nature of psychoneuroses? How is it that they do not think to combine hygienic measures, which are often very useful, with the necessary moral treatment?

It is, as I have hinted, because our medical education impels us to look for the lesion to prove any organic changes. The brain interests us only when there is hyperemia or anemia, hemorrhage or thrombosis, meningitis or tumors. When the brain is only affected in its functions we abandon the ground to the alienist.

But physicians in asylums see the most severe forms of the psychopathies, the insanities, and, if their studies render them particularly apt in psychological analysis, it must be admitted that their influence is not as strong as could be desired. They live a little apart, overburdened with professional duties, and write but little. Instruction in psychiatry is not sufficiently followed, and many young physicians enter upon their practise quite unable to recognize the first stages of a melancholia or to discover a general paralysis under the deceptive mask of neurasthenia.

Often, too, the alienists submit too passively to the influence of the medical clinic. Certainly they are in the right path, when, armed with the microtome and the microscope, they investigate the changes in the nerve centers; they are right when they study the chemistry of the organism, and apply the exact clinical methods of modern medicine to the study of mental diseases. They can not go too far along these lines, but under the condition that they do not forget psychology and the undeniable influence of the mental over the physical. Narcotics play too important a rôle in psychiatry, and often the right

word or a rational suggestion will replace to advantage the use of morphine, chloral, or sulphonal.

I know well enough that the inmates of asylums are often too disturbed in mind to obey any outside suggestion, and I do not ask that the alienist should attempt to argue away by convincing syllogisms the fixed ideas of a paranoiac or the delirium of a maniac.

But one sometimes sees psychiatrists using narcotic medications and remedies to soothe their patients, and hydrotherapeutic methods in cases of simple neurasthenia or hysteria with hypomelancholic symptoms. A heart-to-heart talk with these patients would be worth considerably more to them than the baths, the douches, or the chloral.

It has now become absolutely necessary to extend the course of instruction in psychiatry and to allow students to enter the insane asylums. In short, there ought to be more place given in medical studies to psychology and philosophy.

We examine our patients from head to foot with all our instruments of diagnosis, but we forget to cast a single glance at their combined physical and moral personalities. By reason of plunging with such vigor into the details we neglect the *tout ensemble,* and we fall into a stupid materialism which has nothing to do with the so-called materialistic doctrines or with positivism and determinism.

Do not be carried away, young people! Do not abandon scientific ground, do not believe in the bankruptcy of science; continue to study man with all the precision of modern biology, but do not forget that the brain is the organ of thought, and that there is a world of ideas.

There is in this very generation a strange mixture of thoughtless materialism, and a spiritualism that it still more unthinking.

In the practise of medicine it is this narrow materialism that reigns. It is by no means the attribute of brilliant minds, or of thinkers who dare to submit the beliefs which have been inculcated in them to the criticism of reason; one does not need to look for it among the adepts of positivism or determinism. It is rigorously adhered to, on the other hand, by

physicians who are satisfied with the routine of their clientèle, to those who are wearied by any thought which does not pertain to medical or physical therapeutics. These physicians are only too happy to cure by means of their prescriptions, and their practical materialism gets along very well with those who are content with a narrow spiritualism, the fruit of an education to which they take care to add nothing new.

A real difficulty hinders many physicians who would have recourse to treatment by psychotherapy. They have recognized the insufficiency of their therapeutic measures, and often they see very clearly in what direction they ought to turn their efforts. But it is an *educative* work that must be undertaken, and we are by no means prepared for it by the lessons of the schools.

We are equipped to recognize the smallest functional troubles of the organism of the human animal. We have been taught how to handle the various drugs, and we have become somewhat familiar with the action of cures by altitude, hydrotherapy, electricity, and massage. Surgery, which attracts a student by the clearness of its teachings and the unquestioned efficacy of its intervention, has given us still more powerful weapons. On leaving the hospital the young physician throws himself into his career with perfect confidence; he believes himself armed from head to foot. He quickly perceives, alas! that he is not very often asked to perform a brilliant operation or an exquisitely careful dressing, that he can satisfy only a limited number of his patients with his prescriptions. He finds himself disarmed before the nervous patients who soon encumber his office.

But what can be done? He follows the regular order. After having listened with a distracted ear to the troubles of his patients, he examines them, and proves with very little difficulty that their organs are sound. Then he draws out his note-book and prescribes: Bromide of potassium. At the next consultation this will be bromide of sodium, or, perhaps, the syrup will be changed. At last he has recourse—oh, admirable idea!—to the combination of the three bromides!

Not being cured, the discouraged patient turns to some

other confrère who, delighted by the preference just shown him, listens a little longer, examines him with a little more patience; he reflects, passing his hand over his anxious brow. Ten to one he will end by prescribing a bromide, or at least cacodylate of soda!

There are many who have practised these deceptions in their own clientèle. They ought to have said as I do: Is there really nothing better to be done?

CHAPTER III

Rational Basis of Psychotherapy — Education of the Reason — Dualistic Spiritualism — Psychophysical Parallelism—Mgr. d'Hulst — Different Opinions Concerning the Bond of Affinity between the Mind and the Body—Practical Philosophy Founded on Biological Observation — The Importance of the Problems of Liberty, of Will, and of Responsibility

THERE *is* something further and better to do, but, to be efficacious, the treatment of psychoneuroses must be—and I can not repeat it too often—psychic before anything else.

The object of treatment ought to be to make the patient *master of himself;* the means to this end is *the education of the will,* or, more exactly, *of the reason.*

But, it will be said, this declaration is frankly spiritualistic in its nature. Thus to give the first place to the moral influence over the physical is to return to the dual spiritualism of philosophy, it is to fall back to the nosographical point of view, in the narrow conception of neuroses considered as diseases without physical foundation, *morbi sine materia.*

I repudiate both these reproaches.

The study of biology brings before us a constant parallelism between psychic phenomena and cerebral functions.

The most ardent defenders of spiritualism do not dream of combating this statement. They easily find, among Protestant writers, thinkers ready to accept these premises, but their testimony may appear open to suspicion; it is tainted with bold inquiry. I prefer to draw from a more orthodox source.

A Catholic prelate, Mgr. d'Hulst,[1] expresses himself very clearly on this subject:

"We have all been brought up to admire a doctrine of which the author is M. de Bonald, but the inspirer Descartes:

---

[1] M. d'Hulst, *Mélanges philosophiques. Recueil d'essais consacrés à la défense du spiritualisme,* etc. Paris. Ch. Poussielgue, 1892.

The soul is an intelligence served by the organs. The least fault of this definition is its great incompleteness.

"The intelligence is served by the organs, served, yes, without doubt, but also it is subject to them. It is true that every master of a household is more or less subject to his servants.

"But, by making up his mind to serve himself, he could free himself from this dependence.

"The soul has no such resource. On the contrary, its dependence goes still further.

"If it were only a question of the lower part of the psychic life, such as sensation, or even perception, one could say:

"The soul depends upon the organs in all the operations which have their origin outside the body. But in its own life, intellectual operations, it is master and not servant, it does not depend upon the body. Unfortunately for the theory, it does not go as far as this.

"Even in an act of the purest intelligence there is a necessary, an important, cooperation of the organs.

"The brain works in the skull of the thinker. There are cellular vibrations in the cerebral cortex. To render these possible there is a flow of blood that is more abundant as intellectual effort is more intense; there is an elevation of temperature as a result; in short, there is a combustion of organic material.

"The more the mind thinks the more the brain burns its own substance. And it is thus that working with one's head causes a sensation of hunger quite as much, if not more, than muscular work."

It is not necessary to say that the philosophical theologian gets away from his premises in his subsequent considerations, but the thesis of concomitance is put very succinctly.

Mgr. d'Hulst is, however, very courageous. Not only does he attack with cut and thrust his adversaries, the materialists, but without ceremony he abuses those who would seem to be his natural allies, the spiritualists of the Cartesian type. He accuses them of having leanings toward materialistic pretensions.

But, after having indicated in such clear terms the dependence of the soul on the body, he faces about and reproves

the animism of the scholars, the doctrine of the spirit as distinct from matter. Let us see:

"Matter is not devoid of activity, but it is not autonomous. It does not act, it reacts.

"The moral being acts, it feels its autonomy, its power to act, and even when it reacts (*which is generally the case*),[1] it puts into its reply to the stimulus from without something that was not contained in the demand."

That is what I can not see. This autonomy of the moral being is apparent. The psychic reactions are always, and not only generally, determined by stimuli coming from outside under some form or other. It is these which provoke association of ideas. One can say of man that he does not act, but reacts.

It is, therefore, logical to admit that he could not have any psychic manifestations without concomitant cerebration, without physiochemical modifications of the brain cells, without organic combustion. One might say, by slightly changing the terms of a celebrated aphorism, that there is nothing in the mind which is not in the brain, "*Nihil est in intellectu quod non sit in cerebro.*"

It is often said that the biologist must necessarily feel himself checked at this proof of parallelism, of the concomitance of the two phenomena, and that he is prevented from pushing his investigations any further. He is refused this right under the pretext that it is not his business to stray into the domain of metaphysics. It is on the basis of the heterogeneity of the moral world and the material world that all bonds of causal connection between thought and cerebral activity are repudiated.

It seems to me that this draws the confines of scientific induction a little too closely.

Without doubt there is, between conscious acts and the physical state of the brain, an abyss which appears to us impassable. We can not in any wise conceive how the physical work of the brain cells can engender a sensation or give birth to an idea. We can say, with Du Bois-Reymond, "*ignorabimus*"

---

[1] The italics are mine.

(we shall not know), or, rather, so as not to speak for the future, "*ignoramus*" (we do not know).

But the heterogeneity that we admit subsists in the spiritual hypothesis. Logically it hinders us just as much from explaining the evident influence of the soul over the body as from proving the material origin of the movements of the soul.

The plain fact is there; the concomitance exists, it is recognized by everybody. For, when we have a constant parallelism between two phenomena, however different they may appear to us, we have to choose between the two following hypotheses:

Either there is a bond of cause and effect between these two concomitant phenomena, or else they are both dependent upon a third factor.

This third hypothesis makes us think of the predestined harmony of Leibnitz, which assumes that the established concomitance was foreordained by the Divine Being. In this conception there is no causal relation between the prick and the pain which follows it; the latter is born spontaneously in our soul at the precise moment when we are pricked. Let us slide over this point lest we endanger our reason!

If, leaving the follies of logic aside, we build up just as strange conceptions, good sense restrains us and makes us prefer the other conclusion, that which admits a causal relation between two parallel phenomena.

But that is not all; it must be determined in what sense this relation exists.

Here we find ourselves in the position of idealists between the dualistic spiritualists and the materialists.

Renewing the idea of the Greek sage, Parmenides, the Irish philosopher, Berkeley, has held that only our sensations and our mental representations exist, that that is all that we can know, and that it is not permitted for us to conclude that there is a material reality of things.

These premises are obviously impregnable. In short, we live only by sensations, and it is impossible to prove that they correspond to a reality.

But these seem to me mere witticisms. There is no reason

why we should consider ourselves as subject to hallucination; we distinguish carefully between the mistakes of delirious people and the evidently psychic statements of the healthy individual. Altho to see a stick and to feel pain may be pure sensations, we have no doubt whatsoever of the material qualities of the stick, nor the existence of the rascal who strikes us.

If by a species of mental gymnastics we can raise ourselves to these heights, the majority of thinkers prefer to remain on more solid ground. They will find it more rational to establish the relation in the inverse sense—first of all to admit the existence of ourselves and of the exterior world; then they will consider thought as the product of cerebral activity.

But let us leave to metaphysicians the task of following out this analysis and of taking up the problem of transcendental philosophy. It is not very probable that they will reach conclusions that will be acceptable to all minds.

In practical life, especially in the domain of medical observation, the moral and psychic life presupposes the integrity of the brain, and we admit that for each mental state there is a corresponding special condition of certain cellular groups of the thinking organ. There is between the intellectual work and the ensuing fatigue a close relation as evident as that which exists in muscular exercise. It does not seem to me presumptuous to suppose that some day it will be possible to demonstrate in this domain the law of conservation of energy.

I know very well that this law has not been verified in an absolutely experimental way in all branches of physics.

I know still better that it is not proved to hold true in biology. I will even admit, with certain philosophic spiritualists, "that the law of conservation of energy is extended to biologic phenomena by a debatable induction" (Naville). An induction always remains debatable, because it ventures beyond the limits of pure and simple proof. To discover a law we place ourselves in favorable experimental conditions, we simplify the problem. When the law is established on a certain number of definite facts we extend it by induction to more complex phenomena, we generalize it. There is in such a mental proceeding occasion for error and a possibility of hasty

conclusions. That is why I do not allow my point of view to be obscured by this qualification of being debatable which Mr. Ernest Naville uses.

But, logically, it seems to me that it would be still more debatable to say that this law is not true in the domain of biology. Any precise fact does not authorize us to make any such conclusion, and to admit an exception to a law that is everywhere recognized where experimental conditions have been favorable. One can not affirm a contrary idea simply by showing that a truth has not yet been scientifically established. The question remains open so long as a demonstration is not accomplished; the provisory solution depends upon the mental make-up of the thinker.

As all psychical action is necessarily connected with concomitant cerebral action and with minute modifications of cellular chemistry, it follows that there can be no pathology pertaining to mental and nervous affections without a material substratum. If, upon autopsy, the brain of a melancholiac, a hypochondriac, or a neurasthenic patient shows in serial sections no morphological lesion, we must attribute the fact largely to the insufficiency of our means of investigation. It must not be forgotten that certain slight alterations can never be proved after death. If the head were transparent, and if we could follow with the eye all the structural modifications which the cells undergo during the process of cerebration, we should detect the physiological action which, in the opinion of everybody, accompanies and, according to our hypothesis, produces thought.

When, in the condition which we still describe as normal, our ability to work decreases, when our emotions become more sensitive, when we are conscious of a feeling of sadness, whether or not it be justified by events, it is because some sort of change has taken place in our neurons. We are at such a time already in an ailing condition if we compare it with the ideal state of health and with the well-being of an organism that works harmoniously in all its parts.

I admit, then, without being able to detect the mechanism of the transformation, that what we call thought is only the

product of cerebral activity. I conclude that no disturbance of this thought can exist without some pathological change, either slight or lasting, in the brain substance. The expression "disease without physical foundation"—*morbi sine materia*—has no reason for existence.

Why should one, in lessons devoted to therapeutics, approach these difficult problems which it is impossible to solve? Be content with curing your patients as best you can, and leave the mists of metaphysics to philosophers! That is what our confrères will be apt to think.

I am not of their opinion.

In the exercise of the art of healing the moral influence plays a very important rôle.

The physician, even when he has the hopeless naïveté to believe in the virtues of all the drugs in the pharmacopœia, nevertheless practises psychotherapy every day. There are some practitioners who do it quite as unconsciously as M. Jourdain used to make prose. There are fewer, alas! who resolutely do it, and always exercise a moral control over their patients. Would it not be useful to analyze this moral action, to learn thoroughly the nature of the tool that one uses; and could one make such a study, and neglect the problems which we have just touched upon?

If, by reason of the special circumstances of his position or from personal choice, the physician finds himself in frequent contact with patients suffering from nervous diseases, it is impossible for him to avoid these subjects; he must, cost what it may, come to some conclusion upon the matter.

Without doubt these general opinions may vary greatly with one thinker and another. We would not want to fit all heads to one cap. But I can not imagine a physician so narrow as to be able to take care of his patients and yet voluntarily push all these troublesome questions to one side.

The patients, however, will not allow a physician to persist in a prudent reserve. Often with the first words of a consultation they draw you on to philosophic ground.

Yesterday it was a neurasthenic patient who told you all his discouragements, his weaknesses, and his phobias, and

asked you pointblank: "Is it physical or is it psychical?" To-day it is a mother who brings her little girl. The poor child is not very bright; she has some trouble in doing her necessary amount of school work; she is headstrong, wilful, capricious, and when she is vexed she strikes her parents. "I do not know what to think about it," says the mother; "I can not make up my mind whether it is naughtiness or sickness." "As you like, madam," you could reply, for it is six of one and half a dozen of the other. It is certainly something that ought not to be there, and it should be corrected.

It is in vain that you resolve to be a physician for the body only. Willy-nilly you are forced, if not to reply, at least to think. Oh! you can keep your opinion to yourself; you are not compelled to reply to these indiscreet questions by unbosoming yourself of all your religious and philosophic convictions! Very often you would do better to hold your tongue. You will find with a great many persons a certain inability to understand you, and you ought to avoid thoughtlessly upsetting the convictions of your questioner. Very often you may, as the sincere diplomat which you ought to be, tell your patients what you think will be expedient under the circumstances.

You have before you, we will suppose, a somewhat tyrannical father who brings his daughter to you with the air of dragging her to the seat of justice, and tells you in detail all the young girl's peculiarities. He declares himself ready to redouble his severity if it is necessary to subdue her. Hasten, then, to make him understand that it is a diseased condition and not a simple fault which causes his daughter's strange conduct.

You may think what you like in your inner tribunal concerning this specious distinction, but the advice is opportune. It is by no means a lie; it is the only thing possible when you are face to face with that kind of person, the only thing which will penetrate his understanding deeply enough to modify his state of mind, and often you will see immediate proof of the happy effects of your intervention.

If the father is not a little queer himself, or even if he should be also somewhat unbalanced, he is going to be more gentle

hereafter, and a little more kind and indulgent; sick people are excused, while those that are in fault are reprimanded. The young girl, in spite of her evident mental defects, feels the contagion of the gentleness and kindness. By these simple words, "This is a sickness," with which you concluded your necessary advice, you have poured oil upon the water, and have done more for the health of your patient than in prescribing for her douches and bromides.

On another day you will meet a grown-up young man who is a little bit effeminate in his bearing, and who declares that he is neurasthenic. He can not do any work because he is too weak; he can not bear to be contradicted; and his mother and his sister, who are timorously present at the consultation, have to do their utmost in order not to make him worse.

If you try to show him that up to a certain point he can repress this irritability, he will look at you with astonishment and retreat behind the fact that he is neurasthenic. He will say it in the same tone in which he would say, "I am phthisical, or diabetic."

Do not hesitate to come back to the charge and to attack this preconceived opinion. Show him that this exaggerated irritability, even tho it may partake of the nature of disease, is not uncontrollable, that it pertains only to a physical disorder upon which he can exercise a decided influence by the education of his reason.

Do not tell him this baldly in a few disdainful words, and with the air of absolutely denying the element of disease in his condition; do not accuse him of having a character that is hard to get along with and of having no energy. You would hurt his feelings, and would immediately cut short any opportunity for treatment.

Be content to consider him as a patient, a neurasthenic, as long as he places himself in this category; show him true sympathy, make him your friend, and show him, by well-chosen examples from your experience as a man of medicine, how much worth there is in moral courage and a continual striving toward the perfection of our moral personality.

The psychotherapeutic ideas that one gives to a patient may

vary greatly, according to circumstances and according to the end that one has in view. They should vary according to the mentality of the subjects and the circumstances. The idea as addressed to the patient may be diametrically opposed to that which is offered to his relatives. On the one hand, it calls the patient's attention to the efficacy of moral effort as if he were not sick, while on the other hand, by laying stress on the pathological nature of such and such a mental peculiarity, it makes the parents a little more kindly indulgent. Harmony is quickly established between two persons who are thus brought into relationship with each other.

I will return to this necessity of not confining one's therapeutic effort to the patients alone, but extending it to those who live with them. This is often the only way to obtain complete and lasting results.

I know that in order to practise this beneficent psychotherapy it is not necessary to have cut-and-dried opinions on philosophical subjects. A little tact and kindness is enough.

I have seen Catholic priests repeat under another form what, in the course of treatment, I have often told my patients, and so help me more in my work than many of my confrères would have been able to do. I meet pastors at the bedsides of patients, and there we find ourselves on common ground, despite the difference in points of departure.

It is not at all necessary, however, in order to enter their brotherhood, to put on a white tie and make a profession of faith. But by coming in daily contact with these patients whose moral nature is affected, and being continually occupied with treating them in psychic ways, I have been able to analyze the ideas which have directed me thus far; I have often discussed these questions with my confrères and with educated patients who were interested in these problems.

I can not, however, quite bring myself to make a simple exposition of my method; for I ought first to state upon what philosophic basis I rest, and to point out the red thread, the trace of which one can follow through the whole tissue of my therapeutic endeavors.

I have said, and I repeat, that I have no intention of mon-

opolizing the truth for myself, and that I can conceive that one might start from another point of view. I am content to think with the head that Nature put upon my shoulders; it works in its own way.

In practical conclusions I am often met by minds absolutely different from mine, such as believers in the orthodox faith; we have nothing in common but the same kindly interest in the patients, the same desire to bring them health by the methods of psychotherapy. We have met each other at a certain height, like two captive balloons that have drifted together and are pursuing the same course. Follow their cables, and you will see that they are attached at points that are diametrically opposed.

The physician who reflects at all will continually find in his path the problems of *liberty,* of *will,* and of *responsibility.*

If the care of making visit after visit and of prescribing medicines is sufficient to fill his life, the doctor can avoid these troublesome reflections.

I should like to hope that the majority of my brethren would feel the need of going further in analysis. Naturally all will not take the same road, and will not arrive at the same conclusions. Many will stop on the way, wavering between reason and sentiment; but all, it seems to me, ought to be interested in these subjects, and I should be very much astonished if their reflections did not have some influence on their therapeutics.

I shall be pardoned, I hope, the digressions which follow. In my eyes they are of great importance in the practise of medicine, as much in the simplest therapeutic applications as in the solution of medico-legal problems. In short, it is not only in the examination of criminal questions that the physician sees these difficulties crop out, and feels all the practical importance that attaches to his solution of them.

There exists between neurotic patients of every stamp and delinquents and criminals more connection than one would think. The neurotics, like the delinquents, are *antisocial.* Plato excluded the hypochondriacs from his republic.

One might, it is true, say that all sick people are antisocial.

All are prevented from accomplishing their work, and they hinder the activity of others. But the sick people who die, those who are cured, even those who remain incurable, are the dead, the wounded, and the invalided in the battle of life. We bury the former, we nurse the others, and respect and honor them.

The delinquents are, in our eyes, the unworthy soldiers who must be punished with discipline, even shot down. Neurotic people are stragglers from the army. We are a little less severe with them. They show more or less their inability to march; they are lame, that is plain. But we do not like them much; we are ready to throw in their faces reproaches of laziness, of simulation, or lack of energy. We do not know whether to believe in their hurts and put them in the infirmary, or to handle them roughly and send them back to the ranks.

We are already involved in a problem of liberty and of responsibility, and it is the absence of a clear solution which makes us hesitate which course to follow.

The question comes up still more imperatively in the frequent cases where degenerates and unbalanced persons find themselves in conflict with justice. The abnormal state of their minds and their impulsiveness drives them to culpable acts, to offenses against modesty, to violence, and even to murder.

Then the problem of liberty is forced upon the physician not only as a simple question theoretically interesting, but dramatic and moving, because on his evidence may depend the future of one of his fellow beings. You will see, then, that in touching these philosophic questions I do not stray on ground which does not belong to us; I remain on that of practical medicine, facing the duties which it imposes upon us. I hold that every physician who has understood his task ought to be interested in these subjects and try to arrive at some solution. This solution will vary, I know, according to the mentality and parts of the thinker, but it is permissible to hope for the triumph of just views founded on biology and natural philosophy.

CHAPTER IV

The Problem of Liberty — Determinism — Flournoy: Ernest Naville — Imperious Character of the Motives that Induce Action — Popular Conception and Philosophic Conception of Liberty — Our Slavery in the Presence of Our Innate and Acquired Mentality — Moral Orthopedia — Uselessness of the Concept: Will

THERE are some conclusions which we easily arrive at by using the most elementary logic, and which we dare not express. They seem to be in such flagrant contradiction to public opinion that we fear we should be stoned, morally speaking, and we prudently keep our light under a bushel. The problem of *liberty* is one of those *noli me tangere* questions.

If you submit it to a single individual in a theoretical discussion, in the absence of all elementary passion, he will have no difficulty in following your syllogisms; he will himself furnish you with arguments in favor of determinism. But address yourself to the masses, or to the individual when he is under the sway of emotion caused by a revolting crime, and you will call forth clamors of indignation,—you will be put under the ban of public opinion.

Nevertheless, it involves an important problem, on the solution of which depends our attitude toward our fellow human beings in the burning questions of the education of ourselves and others, in those concerning the repression of misdemeanors and crimes.

My convictions on this subject have been of such help to me in the practise of psychotherapy that I can not pass this question by in silence. When there is established between the body and the mind a connection of causality, or when the ultraprudent biologist confines himself to stating the constant parallelism between psychic phenomena and brain-work, one is forced to accept determinism.

This has been very explicitly recognized by a philosophic

physician, Professor Flournoy.[1] This is what he says on the subject of liberty:

"It seems to me a desperate undertaking to attempt to preserve liberty in the face of a principle that is as definite as that of concomitance, and that is what it amounts to if experimental psychology is the expression of the truth in itself.

"For here we have something still more evasive. It is of no use to speculate upon the nexus that unites the soul and the body; whatever may be the nature of this bond, from the moment that there is a regular concomitance, the succession of conscious states from the cradle to the tomb is necessarily also regulated, and as inevitable in each of its terms as the corresponding series of mechanical events.

"Besides, if liberty were saved from this predicament nothing would be gained, for it is not only the psychophysical parallelism which makes the obstacle, it is in a much more general way the spirit of all our sciences. What, in short, does it mean to know an event and to make it a subject of science if not to associate it with its causes—that is, to assign to it, as such, the series and general collection of previous events which have produced it, and which have made it necessary? To explain a fact is always to place it among others where it implicitly belongs, and in virtue of which it could neither not exist nor be otherwise. The fundamental axiom of all science is that of absolute determinism. Science ends where liberty begins."

But in philosophy, which has preserved, under the influence of its environment, the impress of religious spiritualism, Dr. Flournoy states with sorrow the apparent divorce of science and morality. He thinks he is in a blind alley. "Science," he continues, "excludes free will, as it also excludes the denial of it; responsibility calls it back as an absolute condition. Must one choose between these, and sacrifice the truth of the first to the reality of the second? This would be a hard extremity, for it would be as difficult to give up one as the other."

I do not see that it is necessary to get into this troublesome dilemma.

Whoever loves Truth must remain her faithful friend.

[1] *Métaphysique et psychologie.* Genève, 1890.

When reason, which is our most precise instrument of work, leads us not only by experience but by induction to clear ideas we can go ahead without fear.

It may be that at first we find ourselves drawn toward conclusions which seem false; we may fear to arrive at revolutionary ideas that would be dangerous to the body social.

I think this is not an illusion. There is at the bottom of each one of us a timid conservatism which accepts progress reluctantly, and which fears the consequences of new ideas before knowing just what they are.

Believers of all religions still voluntarily avoid this rock of dangerous repute, so that nobody may be lost upon it. They consider human reason to be a fallacious instrument, and they take care not to plunge their mass of dogmas into the dissolvent of free inquiry. Their position seems to me irrational, but it at least has the advantage of being impregnable. There are no arguments with which to attack any one who says: "I do not reason, I believe."

But when one is firmly established on scientific and philosophic ground, one must let the donkey of his logic trot gently on. He will carry us straight to determinism, no matter how violently we make him turn about.

This is what M. Ernest Naville seems to have done in his book devoted wholly to the defense of free will.[1] Let us rapidly analyze and criticize it in the same brief way in which its principal arguments are condensed in the Preface:

"Whatever man does outside of movements that are purely instinctive is the product of his will. But to conceive the will as a free power, the sole creator of his actions, to admit the will of indifference, is an error that a little closer study of psychology makes one promptly reject."

Here we already find this human liberty compromised. The pedestal on which it was placed shrinks according to the degree in which we analyze the problems of volition. But let us continue:

"A volition of which an act is the result is a fact which has many elements and which gives rise to delicate analysis.

[1] *Le libre arbitre, étude philosophique.* Par E. Naville. Genève, 1898.

" The power of acting is always found in the presence of the motor tendencies of sensation and the motives of intelligence, but the motives only become sensory motors, according to the degree in which the stimulus creates a desire. The idea of an action has no influence unless there is an attraction or a repulsion accompanying it. We are then in the presence of various impulses, and more often of opposite nature."

Let us note these premises; they are at the basis of the idea of determinism.

" The argument of determinism," continues M. Naville, " is that these impulses produce an action in an obligatory and inevitable way. The argument of the partisans of free will is that when different impulses arise we have the power of choosing—to resist some and to yield to others. Human liberty is essentially relative; it is shown only in the possibility of choice between the inducements that existed before the act of volition, because the will could not create its own object."

Here I must confess my inability to understand.

Who does not see, in short, that the act of *choosing*, of *resisting* certain impulses and *yielding* to others, constitutes precisely a *volition* in the strictest sense of the word? Now, according to M. Naville himself, a volition is always *determined by* the attraction or repulsion with which the idea is vested. If we choose, resist, or yield, it is apparent that we are impelled to do so either by the *motor tendencies of sensation* or by *intellectual motives*. We always yield, then, to an attraction or a repulsion. It is the liberty of a piece of iron attracted by a magnet.

This fallacious argument, which consists in excluding from the group of volitions the acts of choosing, resisting, and yielding, is the only argument that the eminent Christian philosopher brings up against the deterministic idea. Immediately afterward he abandons the domain of reason and scientific analysis, in order to exploit his fears on the subject of danger to morality.

" In order to appreciate the gravity of the question that is brought up, it is enough to understand that without an element of liberty there is no responsibility, and that absolutely to deny

responsibility is to undermine the foundations of all our moral and social ideas; it means that we should be willing to strike out of the dictionary the words, duty, good and bad morals, or at least give these words, if they should be retained, a wholly different meaning from that which mankind has always given them."

Very well, then! It must be clearly stated: words take on a very different meaning when they are submitted to a philosophic analysis and when they arise from scientific induction. In current language words express only very fragmentary and incomplete ideas. They convey a first impression, and are used without any idea of the scientific truth. We shall always say that the sun rises and sets, even tho we know that it is an effect caused by the rotation of the earth. We speak of a balloon floating free in space, wilfully forgetting that it is the obedient slave of the laws controlling the density of gas.

As soon as one admits the scientifically founded premises to which M. Naville gives utterance—that is, that a volition is always *determined* by the motor tendencies of sensation or by intellectual motives—there is no escape. There is no reason whatever for putting into a separate class the verbs to choose, to resist, and to yield. Cost what it may, we must arrive at determinism or else resolutely turn our backs to reason.

We fear the argument of determinism which states that these impulsions produce our actions in an obligatory and fatalistic manner, and it is the fatalism against which we rebel. We look upon evil impulses as the appetite of the human animal, and turn away from determinism as tho it implied a revolting slavery and a suppression of morality. We forget that we may also be slaves to goodness, to beauty, to moral laws, that we also yield to higher impulses of sensibility, and that the *motifs* of intelligence become powerful motor impulses in consequence of the attraction or repulsion that goes with them, and that they are those which often determine our volition.

Whatever we do we are always obeying some sentiment or idea. Analyze any particular action, either the devotion of a martyr or the most shocking crime, and you will always find an imperious motor impulse which has determined the action. In

one case it is native nobility of feeling, due to heredity and strengthened by education; such are the moral or religious convictions that have been carefully cherished in the family or social circle in which the individual has lived. In the other they are the overwhelming impulses of brutal selfishness and low passions; these are deep-rooted perennial plants in the fertile soil of society. And always we yield to the impulsion which by reason of our previous mentality has held us in the power of its fascination.

One also forgets that the fatality which is inevitably connected with the committed act does not predetermine any of the impulsions which are to follow. The culprit who has thus far been subjected to the bondage of evil may find the narrow way again; but, escaping from the control of a low sensualism, he may submit henceforth to the yoke of intelligence and of moral ideas.

The hypothesis of determinism includes neither reflection, nor conversion, nor moral development. Determinism confines itself to the statement of the connecting series of conscious acts, and explains them by the continuous actions of the motor impulses of our thinking brain.

It seems to me that one could not be very bold to retreat before these conclusions which are based on the statement of facts, and that one must be very timid to see in these ideas any danger to morality.

Why, since the analysis leads us to the denial of free will, do we keep on using the terms "liberty," "will," and even "responsibility"? Why does the most convinced determinist say every day: "I am free," "I wish"? It is because he uses these words in the sense in which they are used in ordinary language.

It would be a hard and vain task to try to reform the language which is the vivid and intimate expression of our unthinking impressions, and to dull its pictures by philosophic considerations.

Let us use words in their commonly accepted sense in talking with our fellows, but in delicate analysis to which we are led by philosophic thought we may permit ourselves interpre-

tations which retain their exactness even when they seem opposed to the old conceptions.

In the language of the world at large, which can not follow all fluctuations of thought, *to be free* means *to be able to do what one wishes to do.* We say that we are free when no material obstacle nor organic trouble occurs imperatively to oppose our desires. Bars on the one hand and sickness on the other are the only obstacles which, in the eyes of those who do not reflect, restrain human liberty.

But submit your own conduct or that of your friends to a less summary examination, and you will acknowledge with sorrow that we are also in bondage to our innate or acquired mentality. You, young man, altho you are so well endowed, have a fatal instability of mental disposition, you are frequently bored, and every day you perceive that you are not so free as you would like to call yourself. You, madam, by inheritance or atavism, are, as you have said, impressionable. You are so unable to control your impulses that you have just said: "They are stronger than I." There is, then, something stronger than your will, and that in yourself; and yet without your being controlled by anybody.

The alcoholic believes in his liberty, and will say to you: "I am free to drink or not to drink." The unfortunate fellow does not see that he is the slave of the diseased demands of his body which can not endure abstinence, that his actions are governed by dull impulses that are insufficiently restrained, because his moral ideas have lost their freshness and tone.

How many people who make a great show of their willpower are only what one would call "wilful"; that is to say, they are impulsive, and slaves to their senses. Wittingly or unwittingly, we continually find obstacles in our way which are often insurmountable, which prevent us from acting, altho our liberty, in the common sense of the word, seems complete. The philosophic defenders of free will have already given the word "liberty" a wholly different meaning from the one in common use in daily speech. They call it "relative liberty" when it appears absolute to one who does not think. It is no longer a free

power, an omnipotent queen; it belongs to a constitutional monarchy. Push the analysis further, and you will see that you are also the slave of your happy impulses and kindly feelings, of your clear ideas of truth, goodness, and beauty, and that you can not at will change your governing ideas. Like the weather-vane on the roof, you obey every wind, turning as often to one side as to the other, but you keep the direction of the prevailing wind that blows for you at the time you make up your mind.

The popular conception of liberty as autocratic power is false. There is no need of delicate analysis to establish its very simple character. The spiritualists recognize the slavery which is hidden under our apparent liberty. They know the power of the motor impulses, but, held back by a moral uneasiness which is foreign to scientific induction, they add a word or two which eliminates it, and call human liberty a "relative liberty which creates itself as its own object."

According to the degree in which the study of biology makes us recognize the obstacles that accumulate in our path by reason of our native and acquired mental states, as well as our natural character, it also diminishes the area in which our liberty may be exercised.

Determinism sees the constant slavery in which we are brought face to face with motor impulses. It knows it to be inevitable at the very instant that the reaction takes place. It believes it to be fated as long as contrary impulsions do not come to change the direction of the movement. It denies free will as an untenable philosophic conception, absolutely inaccessible to human reason.

In the language of the people, even, we find expressions which hint at this bondage to the motor impulses. For example, some reprehensible act is proposed to some one, and at first sight would seem to be of evident advantage to him. Immediately a struggle begins in his mind. The individual feels at first drawn by the attractions which the wrong act would present to him. But the association of ideas steps in; moral conceptions surge up and become more distinct under the influence of his reflections—perhaps the advice of other people; the situation becomes clarified. The idea of the act loses its attrac-

tion, it even causes a feeling of repulsion. The cold, bare intellectual fact gives birth to warm, moving conviction, and all at once the person bursts out, saying: "No, I *can not* do that!" He has yielded to the strongest impulse, and, in a naïve and intuitive expression of moral determinism, he says: "I *can not* do it," and not: "I *will* not do it."

It is neither criminal nor vicious to desire. Each one of us is constantly restrained by moral barriers which, having to do with psychic and mental states, nevertheless suppress our free will as much as a wall or a policeman would restrain our liberty. Fatality is naturally associated with the idea of determinism, but it is still far from that fatality of predestination which is taught by religion. In all these religious conceptions, where "the hairs of our heads are numbered," I have vainly endeavored to find room for liberty. It seems to me that this time one must not only modify the sense of the word, which is always permissible, but one ought to strike it bodily out of the dictionary.

At the exact moment that a man puts forth any volition whatever his action is an effect. It could not either not be or be otherwise. Given the sensory motor state, or the state of the intellect of the subject, it is the product of his real mentality.

Ah! without doubt the act would have been otherwise *if* the personality of the acting being had itself been other than it was, *if* his mentality had not been clouded by fatigue, by sickness, or by alcoholic intoxication. The culprit would have been able to avoid the fault that he committed *if* he had kept his moral instruction in mind, *if* these ideas which might have touched his understanding had been twice as attractive. But all these *ifs* are useless, they come too late. These efficacious attractions or repulsions have not existed, and the deed has been fatally accomplished, with all its unhappy consequences to the individual, his family, and society.

But it is nowhere written that the individual is going to persist henceforward in a downward course, that he is fatally committed to evil. But the fault having been committed, it should now be the time for some educative influence to be brought to bear, to bring together in his soul all the favorable motor ten-

dencies and intellectual incentives, to arouse pity and goodness, or found on reason the sentiment of moral duty.

I know of no idea more fertile in happy suggestion than that which consists in taking people as they are, and admitting at the time when one observes them that they are never otherwise than what they can be.

This idea alone leads us logically to true indulgence, to that which forgives, and, while shutting our eyes to the past, looks forward to the future. When one has succeeded in fixing this enlightening idea in one's mind, one is no more irritated by the whims of an hysterical patient than by the meanness of a selfish person.

Without doubt one does not attain such healthy stoicism with very great ease, for it is not, we must understand, merely the toleration of the presence of evil, but a stoicism in the presence of the culprit. We react, first of all, under the influence of our sensibility; it is that which determines the first movement, it is that which makes our blood boil and calls forth a noble rage.

But one ought to calm one's emotion and stop to reflect. This does not mean that we are to sink back into indifference, but, with a better knowledge of the mental mechanism of the will, we can get back to a state of calmness. We see the threads which pull the human puppets, and we can consider the only possible plan of useful action—that of cutting off the possibility of any renewal of wrong deeds, and of sheltering those who might suffer from them, and making the future more certain by the uplifting of the wrong-doer.

Without doubt, the will, regarded as a free power, disappears in this conception of determinism. One's decisions and wishes are all determined by irresistible motor impulses at the moment when the reaction takes place, and I have shown the sophistry by which they have tried to bring under this rule the acts of choice, resistance, yielding, and their synonyms. The more I analyze my own acts of will and those of my fellows, the more I hold that the chief characteristic of the will is *effort*. That is why, in describing the methods of struggling against nervousness, I have preferred the term " education of the rea-

son" to "education of the will." When we obey the simple suggestion of our feelings, when we let ourselves do what we want to do, we do not speak of will, altho our volitions are concerned. We know very well that we are then slaves to our tastes and appetites, and we charge up this easy-going morality to our motor impulses. It is when we make an appeal to intellectual motives or to moral ideas that we like to pretend to be free, and we call him a strong man who bases his conduct on his rational principles and his moral or philosophic convictions. As a matter of fact, he does not obey suggestions of right; he has a clear idea of the way he wants to go. He finds attractions along certain roads where other people see no attractions, or he experiences, perhaps, a sense of instinctive repulsion. A clear idea of our end and aim is enough to assure our march. As Guyau has said, "Whoever does not act according to what he thinks, thinks incompletely."

The objection is raised that we may have a clear knowledge of the excellence of a determination, but that we have not the strength to follow it up. I do not deny the fact, but I will not admit the explanation; it is not strength which fails us. If we still resist, if we walk with hesitation, if even we plunge in the opposite direction, it is because we are still held by the chains of our sensibility. We see with the mind's eye what would be right, but the heart is lacking, there is no passionate, emotional feeling. Our ideas lead us only when they have become convictions. Then there is no longer struggle or voluntary effort; movement is started and accelerated just as it is with a body submitted to the force of gravity.

As it was very neatly put by one of my patients, who, tho a sincere believer, yet grasped my meaning at once: "The will drops passively into the beaten path which sentiment and reason have worn for it."

CHAPTER V

Absolute Responsibility—Social and Moral Responsibility—Independent Morality: Reason is Its Guide—Gradual Development of Moral Sentiments—Moral Conscience—Community of Aspirations among the Believers in Free Thought—Search for Happiness: Depends on Our Native or Acquired Mentality—Faults of Character or Disorder of the Mind

THE words "liberty" and "will" may be retained in everyday speech with the restricted meaning which has always been given them. When we can obey the impulses of our sensibility and the dictates of reason, we call ourselves free, because, as we do not regard our own motor impulses as anything foreign to ourselves, we have the sensation of choosing and deciding. It is useless to cast out these terms which express so well what we mean.

But if we analyze things a little more deeply, reason shows us the utter bondage in which we are placed in relation to our motor impulses. We necessarily get to the point where we deny free will, and the will, like freedom, disappears.

It seems to me that no thinkers need try to avoid these syllogisms, which contain nothing specious or artificial. Instead of reasoning, they become alarmed, and cry: "But what becomes of morality in the hypothesis of determinism? It can no longer exist!" This is the constant objection that is brought against biologic determinism, this is the obstacle before which they shrink back frightened, this is the divorce between science and morality which the spiritual and Christian philosophers so eloquently point out. In short, they say, to deny free will is to do away with responsibility, for that is the basis of morality.

This must be understood. True responsibility, that which will one day bring us face to face with a Supreme Being, the all-powerful judge of our deeds, is of theologic origin. In order to admit it one must have an anthropomorphic conception

of the Divinity, an act of faith; and the fact is that science is not leading us in this direction.

But had I succeeded even in getting these ideas into my head, I should find it revolting to see men make themselves judges of their fellow men. In this world our relation is of brother to brother, and we are nowhere authorized to set ourselves up as the instruments of Divine justice. We would have to voluntarily shut our eyes to what goes on in the world, even in our tribunals, in order to dare attribute to this human justice the infallibility which it should certainly possess if it were to take the place of the all-seeing justice of Providence. If we have a Father infinitely just and good, let Him search our hearts and distribute according to His pleasure either recompense or punishment; but, with such frailties as we possess, let us not have the audacity to judge the wrong-doing of others.

Responsible in the narrow, absolute sense of the word we can never be, for the moment that we leave the right path we have only acted in obedience to our present impulses and we are slaves. Our conduct always betrays our actual mentality, and this mentality is but the product of our natural temperament and our education. Our relatives and friends, and society as a whole, have largely contributed to create the condition of mind in which we find ourselves, and if fault there be we are all responsible.

Do we mean to say that there is no such thing as right or wrong, or good and evil? Should we stand and look on in passive fatalism at the blooming of all these flowers of evil which, since the beginning of the world, have been spreading with the fertility of tares? By no means!

There is a social responsibility which authorizes society to repress vice, or, what is more to the purpose, to prevent it and to hinder its recurrence. Society responds to the necessity of personal defense, and the solidarity which unites us enjoins us to contribute on our part to the maintenance of the moral order.

There is a moral responsibility which leads us not only to respect these laws and to avoid conflict with society, but which forces us to bow before the ideal of a moral law as far as we can recognize it. Religious morality itself draws only those

whose natural mentality and education have led to submission. In the moral domain we can obey only those laws to which we give our assent.

Morality exists independent and free from all theologic ties. Its code is summed up in a collection of altruistic sentiments and ideas which are common to civilized people. Whether it be sentimental or rational in the beginning, this morality little by little becomes instinctive and automatic. It constitutes what we call "moral conscience." Without doubt, religions have contributed many stones to the edifice; they have aided, in a very great degree, in the establishment of this moral foundation, but it would be unjust to ascribe to them all the honor. Morality is the work of thinkers of all times, who have had an intuition of the True, the Beautiful, and the Good, and who have sought to base on reason the moral code which ought to serve us as a guide.

It seems at first sight that a morality with sanction and obligation, such as is evident in the religious idea, ought to make itself felt more easily and rapidly, and exercise on the masses a more powerful and educative influence.

For almost two thousand years the experiment has been going on, and the result is not encouraging. Without doubt, the morality of Christ remains the highest and purest. If one separates it from dogma it constitutes the ideal of independent morality, but it has only had the success to win esteem in the world. The Church, far from aiding to spread it, has succeeded only in maintaining a pathological mentality which is dominated by the natural tendency to superstition and fanaticism. One needs a very strong gift of optimism to expect of these religions alone that moral influence that ought to deliver us from our weakness in well-doing and establish the reign of justice. Religious morality itself, I repeat, only makes its beneficent influence felt when its teachings are understood, when they agree with our inner feelings, with our natural aspirations, and when they obtain the assent of our reason. It is always in the light of independent, sentimental, and rational morality that we judge the moral dictates of religion.

The devotee often accepts without thinking, in a passive

obedience to authority, certain ritual practises and dogmas which he does not discuss; but at least only by consenting to forfeit completely his intellectual perceptions can he admit moral conceptions opposed to his natural sentiments of good and to his ideas of reason.

Morality is, before everything else, social, and may be summed up in the precept: "Do not unto others what you would not have them do to you," and its corollary: "Do unto others whatever you would have them do unto you." It finds its expression in what, at first sight, is a less comprehensible sentiment: "Love thy neighbor as thyself."

Whoever can not grasp this moral law is in a state of intellectual inferiority. It is accessible to all without the need of the intervention of Divine sanction. It is more noble, it seems to me, to obey a sentiment of goodness and beauty, and to yield to the motives of clear-sighted intelligence, than to let one's conduct be influenced by the hope of reward or the fear of punishment.

Without doubt, morality is not absolute. It could not be so except on the hypothesis of a Divine revelation of a dictated moral code. Within certain limits, morality is always relative and variable, following the medium course of humanity. But progress goes slowly and surely; it tends to the unification of moral ideas, and this growth toward perfection seems still more intense to-day, altho the masses more than ever avoid the yoke of the Church.

Let us acknowledge that the moral laity have succeeded no better than the Church in changing human mentality. One must accept the situation as it is; moral development is desperately slow. Reason, so victorious in the domain of exact sciences, encounters many enemies when she advances upon the vague domain of philosophy. She falls into the snares spread for her by selfishness, the passions, the senses, which are so often the opposites to the incentives of Reason. She has to struggle with determination, with preconceived and unreasonable opinions, born in minds under the suggestion of education.

But if, in spite of all, moral perfection is attained, it increases by the efforts of free thought, as conscious of its weak-

ness as of its power. People sometimes smile disdainfully in speaking of the goddess Reason. I am willing to admit that she may be weak, but she is the only means in our possession to help us in our search for truth. It is absolutely necessary for us to make use of her.

Moral perfection consists in bringing to an end the antinomy that often exists between the senses and the reason. Moral laws, without being dictated from on high, have their beauty. We feel the influence of their charm from the cradle, by the example of those around us. We feel an instinctive sensual delight in this pleasant atmosphere. There is no effort, no constraint, there is only a natural abandon.

A little later the struggle commences, the world exercises its educative influence, which is more often inauspicious than favorable. Still obedient to a natural or acquired sensibility, upheld by the example of those we love, we avoid dangers. With an already practised glance of the eye we see something ugly, and flee from it to seek for the light of beauty. Often our sight is dimmed, but after these eclipses beauty reappears, attractive and imperious. Our discernment becomes keener, and with always firmer steps we advance along the road of goodness. Oh, I know the task is hard! Whether man be guided by his own strength or by the teachings of a personal philosophy, or whether he lean on the staff of religion, he does not escape downfalls on this long journey. It takes all our lives to acquire the mastery over ourselves.

Let us bear in mind that this does not imply a voluntary effort of which we are radically incapable, but an ever clearer vision of the charm that is associated with moral ideas.

Alas! the unfortunates who have no other interest than the pursuit of sensual pleasures accomplish no more for philosophy than those who prostrate themselves in temples. They belong to the same class as those whose prudent and selfish calculations lead them to regulate their lives in conformity to a moral law. Such is the materialism of modern customs as seen in our streets, despite the constant efforts of religion and the parallel action of independent morality.

There is danger for the determinists. It lies in these in-

voluntary alliances. Determinist doctrines, when badly interpreted, easily find adherents among those who are only looking for the material well-being and who are glad to give a certain appearance of justification to their conduct. It would be as unjust to impute this result to positivist doctrines as to blame the Church when a bandit goes up the sacred stairway at Rome on his knees in order to commit a crime a few minutes later. Tartuffe ought to have cast discredit on the false devotees only. Every doctrine is exposed to these false adherents. Does not one see sincere, devoted Christians, imbued with the purest morality, and social idealists mingled, against their will, in the ranks of malevolent revolutionists, who deny all social and moral order?

In the same way, how few sincere Christians there are whose piety shows itself by a true change of heart. In the same way, there are not many freethinkers who, without giving up their claim to reason, preserve their enthusiasm for a moral ideal, and seek to attain it by the continued perfecting of their ego.

The obstacle to the development of high ideas does not lie in the doctrines born of the study of the natural sciences and of reflections that are beyond the reach of the masses; it lies in the enormous dead weight which constitutes the *non thinkers,* the indifferent. These are the true enemies of all morality—religious or lay.

Analyzing the antagonism which seems to exist between science and religion, De Candolle describes clearly the insurmountable opposition which there is between the maxims of authority and free scientific investigation,[1] but he adds: "Neither scientists nor religious men sacrifice their opinions to material interests, to politics, or to pleasure. When that occurs they go out of their class, and lose the esteem of the public. Both are interested in intellectual things, and have to, if they want to succeed, lead a regular, hard-working, and even severe life when they come of a poor family. They have, in short, this

[1] *Histoire des sciences et des savants depuis deux siècles.* Par Alphonse de Candolle. Second edition. Genève et Bâle. H. Georg, 1885.

much in common: the precious sentiment of working in a purely disinterested way for the good of humanity."

In spite of their different points of view, there is a communion of soul between intellectual rationalists and truly religious people. They defend the banner of the ideal against the unconscious attacks of crowds that are more indifferent than hostile. Believers and sincere freethinkers can practise the same religion—that which consists in wanting to be to-day better than they were yesterday.

A clear idea of biological determinism imposes on those who understand it a special way of looking at life, and of judging their own conduct and that of their fellows. Far from weakening morality, it is the most solid base of moral orthopedia that we can apply to ourselves or to others.

Let us insist on these views, which appear paradoxical only to those who do not reflect.

Man has never had and never will have any other object than the conquest of happiness. The majority of men seek it in the satisfaction of their desires and in their pleasures. They storm against the obstacles that are continually getting in the way of their desires; their happiness depends, first of all, upon exterior circumstances, thus it is merely relative and ephemeral. Others, fewer in number, work only with the idea of a future life. Many, in short, thinking that a bird in the hand is worth two in the bush, take good care not to miss the good fortune here while hoping for something still better in another world.

Now, whoever will reflect and search his own life will soon recognize that our happiness depends less upon the circumstances in which we live than upon our inner state of mind—that is to say, upon our morality. Undoubtedly we may be exposed to misfortune for which we are not responsible, we may be the victims of natural catastrophe, succumb to inevitable disease, or lose our dearest friends, but the intensity of these sufferings depends before all upon the spirit in which we accept them. The greatest misfortunes come to us through our innumeral faults and our abnormal mentality. We are most often the authors of our own troubles, and when we ourselves are not at fault we must bear the yoke of heredity, we pay for our

ancestors; we suffer thus for the immorality of others. The earth would soon be like Eden if we were all good and just, and if the moral law were strictly observed.

Humanity, athirst for happiness, ought, therefore, to strive for moral development. All who are willing to work for the realization of this end have naturally a work of education to perform.

This education begins with life itself, and it devolves, first of all, upon parents. In order to direct it, they ought to know that the faults which they detect in their children depend on their native mentality, and that this last has only one possible origin—heredity and atavism; let us add here the influence of the factors which have acted upon the child in fetal life. There is nothing innate within us that is not the legacy of preceding generations. Also when you discover in your children some intellectual and moral blemishes, do not go too far afield in looking for the causes. Examine your own mentality, that of your father and of your mother, of your grandparents, and you will always find the germ of fatal tendencies. "The fruit does not fall far from the tree"—so a German proverb runs. That is a truth of La Palice, it seems to me; nevertheless, how many there are who have never dwelt on this reflection! The majority of parents are annoyed when they find faults in their children, and want to know where they came from. One would really think that a bold cuckoo had laid her egg in their nest.

No; your heir comes into the world with nothing but what you have given him. Do not reproach him with his poverty. You must take him as he is, with his small capital of natural morality, as you forgive him his physical or intellectual debility. You may sometimes bemoan the hard implacability of the laws of heredity, but do not throw the weight of responsibility upon the poor creature you have brought into the world.

It is futile to revolt and indulge in recriminations against a situation that is a fact. It is our imperative duty to correct vicious tendencies by education, to waken moral feelings, to train the Reason so that she can learn to discriminate at a glance the motives which determine conduct. Authority, and even punishment, may be used at certain times to modify the

mentality, but every one will recognize that persuasive influence is infinitely preferable, that it only can create a lasting vital morality, capable of outlasting the transient education which the parent can give.

It is the same with men as with plants: the budding branch has its faults from the beginning; direct its growth, train it along the wall, and perhaps you will have a tree that will bear good fruit.

It would be pleasant to delude one's self and believe in the constant efficacy of such culture. Alas! there are many unskilled gardeners, and many a slip whose natural deformity is too great at the start.

The deterministic conception is particularly valuable in our relations with our fellow men. When we are quite persuaded that people are only what they can be by virtue of the mentality with which they were endowed and the education which they have received, we pardon them their mistakes and faults. Pity takes possession of us, and it is with a feeling akin to love that we try to lead them back to the right way. But the work is much more difficult than in the education of a child. The sapling has grown, its branches are not so flexible, and the gardener's work is often impossible. We are not always in a favorable position to practise moral orthopedia on our fellows. The vicious escape from our influence, and often we are obliged to throw the helve after the ax.

When we express to certain persons the idea that an individual from the mental point of view can be only what education has made him, we often hear it said: "But here are two young people brought up by the same parents; one is a charming fellow, and the other a hard case!"

I am surprised that any one should bring such superficial judgment to the study of these questions.

It is not certain, in the first place, that these two young people with such different conduct are so far separated from one another from the point of view of their personal mentality. Wait a few years, and you will admit that they are more like brothers than you would have believed.

In spite of appearances, their education may have been very different.

We do not respond only to official education, such as that of our parents, of the school, and of the priest. Without even being able to perceive it, we are constantly brought under the sway of the contagion of example; at every moment some striking event, a sight which we should not have seen, or a word let slip from some of those around us, opens new horizons to us. The seeds of evil are scattered broadcast in the air, and it needs only the right moment of receptivity for the germ to develop. Alas! often nothing can stop the growth of the poisonous plant; it attains a luxurious vegetation.

If we really take a look at ourselves, as one thinker has said, we come back full of horror. Have we, then, the right to criticise others? No; we have only one duty, and that is to pardon and stretch out our hands to those who have fallen.

The simplistic idea of absolute or relative human liberty leads us to establish an essential difference between a fault of character and a mental malady. This distinction, and I can not repeat it too often, is artificial and untenable.

At what degree do indecision, irritability, impressionability, and emotional disturbances become sicknesses? Are sorrow and pessimism faults or illnesses?

Even in bodily illness, it is often difficult to draw the line between the normal state and that of illness. At what height, when one is climbing a mountain, is it allowable to have palpitation of the heart or dyspnea? Are you sick because you can not stand a light meal which your neighbor has digested without any difficulty?

In the mental domain it is still more impossible to try to make this distinction. It only seems to exist when one is looking at the extremes.

It seems normal to us to be sad when we lose a dear friend, to be discouraged in the presence of failure; but we regard anybody as diseased who commits suicide in order to escape the perplexities to which we are all subjected. We all have our periods of indecision, which often appear exaggerated to the eyes of others; but we send a patient to a physician when he

passes hours in agonizing perplexity without being able to decide whether he will change his shirt to-day or to-morrow.

In order to make the distinction, it is sometimes said: "A fault is corrigible by the will and by educative influence; sickness handicaps freedom, and does not respond to these measures." This is false. Our faults are often rebellious and even incurable. Do we not often see a person who does not seem to have the faculty of acquiring tact? Can we be taught this very estimable virtue? Do we often lose that susceptibility, or that irritability, which makes life miserable for our neighbors? Do we not know people who are always behind time? They have often been punished for it, and have sworn that it shall never happen again. Ah, well, it always happens and always will happen, because it is a part of their mental make-up.

On the contrary, you see disappear under the influence of certain advice some of the old mental obliquities which everybody lays at the door of the diseased. I mean certain phobias, various obsessions foreign to the mentality of the majority of people. Mental sickness, in the sense which the public gives to it, often disappears more rapidly and more completely than what we call a fault.

One often thinks that mental sickness makes itself manifest by a combination of physical or mental symptoms which clearly denote the pathological condition. That is not so. There are hosts of psychopathic conditions where the physical health is perfectly sound; even more, where the mind appears healthy—the mental obliquity is unique and isolated. The patient only needs medical treatment, properly speaking; he has need neither of douches nor of medicines. He will recover his mental health by pure psychotherapy, by the presence of reasonable impulses which will change his abnormal mentality. Whether they call it fault, or character, or mental sickness, the deviation exists. The subject has states of mind which not only appear abnormal in the face of an ideal of moral beauty, but which trouble the life of the individual and prevent him from playing the rôle in human society for which he was cast.

In short, as a last argument, mental malady is attributed to physical causes, to intoxications, and to a wholly material proc-

ess, while one attributes a fault to purely moral causes. This also is false.

I have said, in virtue of the psychophysical parallelism, the abnormal mentality assumes an abnormal state of the brain. This may result from physical and moral causes, capable of acting concurrently in a fault as well as in a mental disease.

The task of the physician as that of the educator is to ascertain the *abnormal mentality,* to find out its moral or physical causes, applying to both of them the necessary and inevitable idea of determinism, so as to be able, with the aid of physical and moral influences, to practise mental orthopedia. This is what educators have applied themselves to during all time. Unfortunately, physicians have not seen with sufficient clearness that they are often called upon to treat the morale of their patients, to correct their faults, and to give them a more rational mentality. As to the educators, they have not enough biological knowledge and no clear views on the mental passivity of the man who believes himself to be free. Often they think that it is a fault which they have detected, and they imagine that the checking of it is only a question of redoubling severity. Often they are doubtful, and ask themselves whether it is not a diseased condition. Often, at a late day, they recognize that they have been on the wrong track, and it is not always possible to change the course.

Persons imbued with absolute ideas of liberty and responsibility have a heavy hand in moral orthopedia. They are often cold and severe, and even when, after taxing their ingenuity to bring about some artificial good, they give their advice, the culprit feels in it all the harshness of a reproach.

In order to change the state of mind of any one who has fallen, it is not sufficient to grant him extenuating circumstances and to show him pity; one must love him as a brother, and stand shoulder to shoulder with him with a profound sense of our common weakness.

CHAPTER VI

Difficulties of Moral Orthopedia—Criminality—The Partisans of Absolute Responsibility and the Determinists Remain Irreconcilable Adversaries in Theory—Possible Compromise in Practise—Necessity of this Understanding—The Rôle of Human Justice—Educative End of Repression—Urgent Reforms of Penal Laws

Already in the education of children, in our daily intercourse with our fellows, in the efforts which we put forth to correct vicious habits or to cure disease, the absence of clear deterministic ideas often produces tragic results.

There are thousands of these children who are intellectually and morally delinquent, in whom education, far from correcting the primitive deviation, has only accentuated the fault, and has led to the rupture of family ties. In families and in society nothing is so rare as harmony; everywhere the social machinery grates, and when we search for the cause we only find a little fine sand in the wheels which a whiff of indulgence would have easily blown away.

But parents do not possess this clear sight of things. Their indulgence is weakness, their firmness becomes severity. The task of parents is doubly difficult in education, for not only do they bequeath to their children certain mental defects, but they often cultivate their faults in setting before them an example of the same weakness. This insufficiency of educative aptitude becomes dangerous when one has to deal with rebellious subjects, and it then seems necessary to give up family education.

In the institutions intended for the education of backward children the moral influence seems more efficacious. It is exercised by strangers of a different mentality who are more impartial. But to return to the family, the veneer which seemed so firmly put on is rapidly loosened; the native tendencies reappear, and everything has to be begun over again. It is often the same in the case of moral orthopedia, which constitutes the

important element in a cure of nervousness. At the clinic everything goes well; in the presence of kindly strangers the mental peculiarities are better, the subject becomes quiet and patient; he is under the influence of the moral contagion of his environment. Often this influence persists and leads to a definite change in his mental point of view, but in other cases the effort is in vain, and the disappointed parents find their son or their daughter just as egoistic, irritable, or unmanageable as before.

Nevertheless, the question is one that concerns our children; we find in them an inherited mentality; we are conscious of the faults which we have committed in their education; we recognize in them the weakness of the mother and the selfish indifference of the father. We know that if the offspring was deformed at its birth we could not straighten it by our art; in short, we have an instinctive indulgence for our own and for those that we love.

And what becomes of this good will when there is no tie of blood, when nothing binds us but this vague and feeble human fraternity, when it is a question of delinquents and criminals whose acts arouse our indignation.

Then we no longer see the numerous physical and moral causes which have led to the deformity. Forgetting our own weakness, we set ourselves up as judges and we punish according to the absurd law of retaliation.

In criminal suits within the august walls of the court of assizes we listen to lamentable discussions upon responsibility. The public accuser expounds questions of metaphysics and declares that free will exists, as if he were discussing a legal prescription. Medical experts affirm the total or partial responsibility of the delinquent. But the grocers and the wine merchants on the jury know more about these things; they do not let themselves be led away by philosophic reflections of an anthropologist, and, without any hesitation, they send the insane person to prison and often to the scaffold.

In these questions of criminality the situation is at bottom no more tragic than is that of education. The problem is more pointed and more dramatic, but it is less often met. In the case

of the incorrigible criminal it is often a matter of indifference whether he spends the rest of his days in the asylum or in prison. But human injustice becomes disastrous when it is a question of the numerous delinquents whose mentality could be modified, and when it concerns the stray sheep who, without coming into conflict with penal law, nevertheless disturbs the peace of the body social. And everywhere at the base of these false judgments we find the sorry conception of absolute responsibility, everywhere we are brought face to face with the insurmountable difficulty of deciding where liberty begins and where it ends, where health stops and where mental disease begins.

It is no longer a question here of philosophic problems pure and simple, of dreams over the first causes, where each one may give full indulgence to the vagaries of imagination. These are burning questions which confront us, and on their immediate solution hangs the fate of one of our fellows.

I do not by any means hug to myself the illusion that it may be possible to reach a state of perfect agreement on these questions. Without doubt, right ideas are imperishable, and, tho their march may be slow, they can never be stopped; but the progress is too slow for any one to wait for the solution of the problem. There will always be spiritualists who will believe in the liberty of indifference, in sovereign will, and in absolute responsibility; they will for a long time preserve the mental point of view of the Old Testament. Others will consent to leave their thoughts some liberty, and in a certain measure to be influenced by the contagion of determinist ideas. They mingle water with their wine, and, when passion or the fear of seeing their ideas of morality submerged does not come in to trouble their judgment, they recognize the influence of heredity and of environment, and will show an unequal contingent indulgence, often more unjust than the strictness of an orthodox person. And, last, there always has been and there always will be a growing multitude of thinkers who can not withstand the desire for knowledge, who have only one end, the search for truth, and exert in its pursuit all the forces of their being, their affective sensibility, and their reason.

These parties will always exist; they have existed from all time; they will never change.

The lawmakers who prepare our penal code, ought they to suspend their proceedings until peace is made, until the world may be converted to determinism or brought under the yoke of the Church?

No, this is not possible. We have need of laws, of political and social institutions, and they are always established on the foundation of compromise and reciprocal concessions. Tho we may be adversaries on the ground of theory, we can, however, clasp hands in practise.

It seems to me that in order to reach this end we must first of all throw away the apple of discord, the word *"responsibility"* in the absolute sense which has been given to it.

Social responsibility is confused with the notion of culpability. The first task of human justice is to prove the offense—that is, the infraction of the existing laws.

Without feeling the burden of moral responsibility, which is an affair of the individual conscience, or of transcendental responsibility, which is a question of metaphysics, Justice has only one right which is at the same time a duty. She ought to do everything to oppose wrong acts, to stop their performance if there is still time; she ought to hinder their repetition and to work to repair the harm that has been done.

This repression, which ought to be prompt in order to be efficacious, authorizes such measures of rigor as arrest, imprisonment, and punishment. But this justice is not the goddess with blindfolded eyes who weighs the misdemeanor or the crime, and puts into the other scale the weight that ought to reestablish equilibrium.

The best means of preventing the recurrence of a wrong act is the improvement of the culprit, and just as in the family the father uses his educative influence for this purpose, society ought likewise to make an effort to bring some favorable influences to bear upon the soul of the delinquent which may improve his mentality.

Punishment, even tho it be severe, may be used for this end; it can help to lead the wrong-doer back into the right way

and be of use as a warning to those who might be tempted to imitate him. But we all feel that brutal repression, which only takes account of the fact and closes its eyes to the circumstances in which it was produced, is revolting to our moral conscience.

We accept punishment with just so much less difficulty according to the degree in which it is just, and in which we recognize in the one who metes it out to us the desire to lead us back to the right way. On the other hand, we submit to it in a very bad spirit and with revolt in our souls when it is dictated by the spirit of vengeance. Without doubt, penal laws must have a certain precision, and must catalog the various crimes and decide upon the penalties which should go with them. But when it comes to the application of them there ought to be more attention paid to shades, to the appreciation of motives, to the analysis of mental states, and to the modification of the punishment within its fixed limits. This should be considered more and more in proportion as we know better the physical or the moral causes of the criminal deed.

Whether one is an out-and-out determinist or whether one reserves to human liberty more or less power, one must, nevertheless, recognize certain truths. It is evident, first of all, that a great many criminals bow to the yoke of heredity and are predisposed to crime. The term " born criminal " of Lombroso expresses this slavery too crudely. There are no born criminals, but there are individuals whose mentality is abnormal, and who, if propitious circumstances present themselves, will grow up with criminal tendencies. If we can constantly lessen those temptations which determine their reactions they will remain inoffensive degenerates. Without doubt this is not always possible; but has society really fulfilled its duty in this direction? Does it watch with sufficient love over the human nursery? Does it work with zeal to cure the sickly nurslings and to preserve the others from contagion? Evidently not.

This wind of true justice has not been blowing very long, and society ought to recognize more and more that if vicious people exist it is because it allows material, intellectual, and moral destitution to exist in the cases of thousands of indi-

viduals. Society is still a negligent stepmother who has only herself to blame if her children wander away. She ought to recognize her fault, and if to reform the transgressor and prevent new misdeeds, she is obliged to be severe, she ought to be so with love, and with education as the only aim in view.

One is aware of these facts in every circle. From them are born the institutions for the improvement of young delinquents, for the education of unmanageable children, the associations for the help of discharged criminals. It is the conception of punishment as an educative means which has produced the fertile idea of conditional freedom. A sentence is pronounced that is appropriate to the misdemeanor that has been committed, but by reason of the circumstances under which it was done, and of the actual mental state of the delinquent, society defers the punishment, on condition that no new infringement makes it necessary to revoke the reprieve.

We would go still further, for it is the law of pardon which we want to introduce into our code. Just as a father can reprimand his son, indicate to him the punishment which he has drawn upon himself and definitely postpone its application to him, in the feeling that the admonition will be enough, so society has the right to pardon. It is evident that this law is a difficult one to apply. In fairness it would seem as tho a father should not grant kindly pardon to one son when on the same day he has punished another for the same fault. But the difficulties of application ought not to make us throw out a sound principle at the start.

Society ought always more clearly to recognize that the one and only end of justice is to prevent evil, and that it must practise a conscientious and expeditious moral orthopedia.

The tribunals do not have to settle the question of free will and of true responsibility. However, this question is still put to us physicians to-day in criminal suits. And the physician replies to it by admitting irresponsibility, a relative responsibility, or a semi-responsibility! We take part in these celebrated suits in these Byzantine discussions.

If I were called as an expert before the tribunal I would refuse to reply to this inappropriate question, or, rather, I would

reply: You ask me if the individual is responsible; you put a question of transcendental philosophy to me which I can not decide in a medico-legal report; the discussion would convince nobody. If you speak of social responsibility, that is not for me to discuss; you have fixed it in establishing a breach of the laws and the very existence, even, of the crime. As to the moral responsibility, that concerns the delinquent only. We do not have to enter into this personal domain of the conscience.

You need the information which I possess in order to analyze the mentality which has determined the crime, to detect the motives that have influenced the guilty person. Very well, I will try to tell you if the patient presents the symptoms of any malady which could have influenced his determinations. I could, perhaps, tell you whether he be an epileptic, and if the deed were committed in one of those mental states that are equivalent to a convulsive crisis; I could tell you whether he were alcoholic, subject to delirium, or a general paralytic; I could enumerate for you the mental and bodily stigmata of degeneracy. All the indications that my medical experience could furnish you would be at your disposal, not to elucidate the hateful question of responsibility, but to establish the expediency of means of repression.

The accused is plainly an epileptic: he has acted unconsciously, while his personality was completely clouded; put him into a suitable asylum where he will be cared for and at the same time prevented from hurting himself. This one is an alcoholic: place him under special psychiatrical treatment; put him in an asylum for inebriates or the insane. You have to do with a dangerous and incorrigible criminal, a perfect wild beast: keep him in prison. If he is a chance criminal, try to find out carefully the motives which led him to do the deed; take into account the influences which have affected him, not, I repeat, for the sake of fixing his responsibility (hateful word), but in order to be able to lay one's hands on the most appropriate measures to change the mentality of the subject, and to suppress even the source of the crime. In one case you will see that the culprit will accept, without any aggravation of his moral deterioration, the punishment which by law and in his

own mind is considered appropriate to the misdeed. When he is freed he will remember the punishment which was imposed upon him, and, perhaps, will later bless the hand which has chastened him. For another you would, perhaps, dread the demoralizing effect of prison life and of the promiscuous mingling with criminals of more vicious tendencies, and you would lighten the punishment. And in certain cases, which are always more numerous, you will grant the delinquent the benefit of conditional freedom or of pardon.

Are these views very revolutionary? I do not think so; it seems to me that Christians ought first of all to remember the words of their Leader concerning the woman taken in adultery: "He that is without sin among you, let him first cast a stone at her!"

It is the fashion nowadays to decorate public buildings with allegorical frescos. Could we not reproduce this touching scene in our sumptuous palaces of justice? But, perhaps, the sight of it would suggest troublesome reflections to those present. But we won't dwell upon this point.

The jurists in general are opposed to these ideas. They have an instinctive horror of criminal anthropology, and, like all of us, they are the slaves of eternal routine, and of intellectual sloth. Thus the aspect of our tribunals undergoes very little change.

The prosecuting attorney, exaggerating his rôle of public accuser, tries to blacken the accused, in order to set forth the horror of the crime, and its cunning premeditation; he insists upon the necessity of making an example, he entreats the jury not to allow themselves to be swayed by considerations of pity.

The attorney for the defense, in his turn, works himself up into a fury, and does all he can to whitewash his client. He denies the facts because the adversary did not bring absolute proof of them; he profits cleverly by technical slips, he imagines various expedients and takes advantage of personal peculiarities of the Court, and at last, in a moving voice, he appeals to the clemency and calls forth the tears of his audience. Under the influence of these contrary suggestions the judges or the jury waver. If the orator is not eloquent, they keep their

opinion; they had settled it before he spoke. But words are powerful, and often the victory is to him who best knows how to arouse the sensibility, to stir up indignation, or to melt the heart with a warm breath of pity. Oratorical suggestion is not always founded upon rational persuasion, it is frequently opposed to it.

It is by no means a question of suppressing the tribunals or of reorganizing them altogether. But, impressed by the necessity of combating crime by truly efficacious measures, above all to prevent its recurrence by the improvement of the guilty, judges and advocates ought to seek to establish wrong-doing upon facts, to study the mentality of the delinquent, and to choose the best means of obtaining this end.

There ought to be established a certain gradation of punishments, but not regulated only according to the gravity of the misdemeanor. The motor impulses should be taken into account, and the state of mind of the subject at the time when the deed took place. There ought to be in its application not a harmful laxity of extenuating circumstances, but a clear choice of the most useful punishment, as much from the ideal point of view of reforming the guilty one as from the very practical view which consists in putting an end to these wrong-doings.

The tribunal ought to be a council of wise men of all social classes chosen by the people. It would be right and natural to give the preference to jurists, physicians, and religious or lay teachers, but not to forget the men of good common sense who are found in all social circles, men of experience who have attracted the attention of their fellow citizens by the integrity and uprightness of their public and private life.

Assured that the accused will no longer be the victim of brutal repression, and that he will no longer profit by unjust indulgence, the advocate and the public accuser will have no right to declare themselves adversaries from the start, and to struggle for the possession of the delinquent. They will no longer represent the attack or the defense in its revolting brutality, but they will cooperate to elucidate the difficult problem. Instead of going into every detail, they will find it better to lay the situation before the judges, and will act upon their deliber-

ations less by their declamations than by persuasion which does not, however, exclude eloquence.

There is no place in these discussions for the word "responsibility" in the absolute sense which has been given to it.

I have often seen men of the legal profession who recognize that the tribunal ought to constitute, as it were, a family council judging a brother firmly and gently, but they shrink from the difficulties of applying the principle. I do not at all hide the fact that there are difficulties, but they are no greater than those of the application of the actual laws; the absence of fine shades in our laws determines a summary distribution of justice which we often feel to be bitterly unjust, the more law the more injustice; *summum jus summa injuria.*

The opposition which results from the feeling of the difficulties of the task is not great—time will correct it. What is more disturbing is the mental attitude of certain jurists. I have read somewhere that a professor of penal law had said in a discussion on the limits of penal responsibility: "The criminal is he whose deed arouses our feelings of indignation; the fool is he who inspires our pity!" Here you have a precise criterion: count the tears of your audience and you will be able to determine exactly the responsibility of the accused!

I must ask pardon for these pages, which may seem to many a useless digression. I feel, on the contrary, that they bear directly upon my subject, not only because the physician is deemed an expert in these matters, but because, as I have tried to show, the same principles ought to direct our conduct, when we sit in judgment upon our fellows, whether it is a question of education or of penal repression. We shall find the same idea in therapeutics. Wherever there is mental deviation, one must have recourse to moral orthopedia. It can vary in its methods, but it ought to be the same in its tendencies.

Let us hope that some day the truth taught by anthropology and psychology will triumph over the prejudice and the opposition that have blocked its road.

CHAPTER VII

Monistic Conception—Passivity of the Organism—Absence of True Spontaneity—Mechanism of the Reflex—Psychology is Only a Chapter of Biology—Interpolation of Conscious Acts in the Reflex Arc—Mental States Have Always a Material Substratum—The Ideogenic and Somatogenic Origin of Mental States—Reciprocal Influence which the Moral and the Physical Exercise Upon One Another—The Possibility of Acting on these Mental States by Physical Means and by Moral Influence; Efficacy of the Latter

Tho these generalities seemed so necessary in my eyes, I do not, nevertheless, wish to linger over them, and I hasten to return to my subject—that is, to medicine. But it is a medicine of the mind that I have in view, and we shall find ourselves constantly meeting such terms as *mind* and *body, moral* and *physical,* all expressions marking a certain duality of the human being. They all have to do with the comprehension and examination of what becomes of the conceptions of mental pathology when one considers them in the light of monism.

In the monistic conception, man is an entity; he is only a functioning organism, reacting under the influence of innumerable internal or external stimuli. The body is entirely composed of cells. Therefore, no one of these microscopic organisms is capable of spontaneous activity. The cell does not act, it reacts; the total absence of stimuli would mean physiological death.

Let us glance, for instance, at the muscular cell, or the aggregate of cells that we call the muscles. The striated muscles, during life, are obedient to the stimuli coming from the brain, or to what is commonly called the voluntary influx. They can respond to mechanical, chemical, and electrical stimuli. The smooth muscles of the organs of vegetative life are exempt from the influence of the will, but their contractions are started up in the same way by direct or reflex irritations.

And the brain itself, this king of our organs, which imperiously commands the whole army of muscles, is also passive. The cerebral cell has no more spontaneity than the muscular fiber, but it is more sensitive and delicate; it is a more expert workman and capable of performing a more varied task. It also acts only under the influence of stimuli, of secret impulsions, of organic sensations, or of stimuli which are received by our sense organs, those fine antennæ which bring us into relation with the outside world. Fading vibrations, the results of former stimuli, continue in the form of dreams in sleep which seems to be cerebral death.

It is impossible to detect in man or in animals the slightest trace of spontaneity. On waking from a profound sleep, without being conscious of dreams, innumerable stimuli spring up and decide the complicated functioning of our organism. The daylight acts upon our retina, noises upon our ears. Immediately association of ideas is awakened. It is time to get up, and the idea of duty, of necessity, and rational impulses overcome, more or less easily, our laziness, and our dislike of disturbing our pleasant rest.

The impulse being given, nothing stops this cerebral activity, and until night, when we sink into refreshing sleep, we are under the sway of these divers and innumerable stimuli that vary in one individual or another according to the mentality of the subject.

Those who love their ease stay in bed until the hour when their duties must begin; one gives in to this desire without a thought, another can not keep back the moral goadings which are always pricking him on with reproaches. Sometimes they will be strong enough to make him jump out of bed, at other times they will only be sufficient to torment his comfort. In the activity of daytime one person will subordinate all his actions to the selfish tendencies that he owes to ancestral influence and to his education; the other will obey his moral sentiments and will think only of performing his duty and of living for others. Both are the slaves of their motor impulses. The idea of determinism only becomes repugnant when we admit that this reaction can take place only under the base impulses

of the senses, in the sense of weakness. As soon as we recognize that a feeling of beauty or an ideal aspiration can determine reaction, I no longer see what hinders us from giving up the idea of free will.

We see before us only animated beings, men reacting under the influence of their passions, of their philosophic or religious ideas, of their reason, or their faith. The sad thing is not that this necessary and undesirable passivity exists; it is that, in virtue of the mentality of the species, it should manifest itself too often in a wrong way. Strengthen the action of noble motives and this happy passivity will lead to moral improvement; it will approach the ideal toward which we are ever striving without ever being able to reach it. The physiological mechanism by which this reaction is made is physical in its essence, and that is why our mental representations and the determinations which result from them are so often disturbed by an unhealthy condition of the body.

This reaction takes place according to the type of the reflex.

A reflex has already taken place when the motor reaction of a cell is brought under the influence of an irritant. Before the centrifugal motor phenomenon takes place, it is necessary to admit a centripetal sensory stimulus. We call it a simple medullary reflex when we quickly withdraw an extremity that has been tickled or pricked. It is so unconscious, so passive, that it takes place in natural or artificial sleep, in the frog deprived of its brain, and in the man whose spinal cord is cut.

The gesture by which we mechanically respond to the bow of another person is also a reflex, an almost unconscious reflex when we bow abstractedly, a more complex reflex when we rapidly take in by the mind's eye the motives that prompted this act of politeness.

And always and everywhere, whether it is a case of the action of the most humble organ or of the most exalted workings of our mind, it is just the same mechanism: the peripheral stimulus strikes the extremity of the end organs of our sensory nerves, there is a successive transmission in the hierarchies of the centers, a reflex more or less irradiated among the groups of sensory, motor, or thinking cells.

A compliment tickles our self-esteem and influences our determinations. A cutting word excites our wrath and makes our blood boil. The involuntary gesture is associated with our mental reactions. The phenomenon is so material that it is often accessible to physical analysis, the time of reaction increasing with the length of the reflex arc.

Physiology must undertake the work of pursuing the study of these reactions of the organism, whether they have to do with nutrition and the ordinary reproduction of all living beings, or with the simple psychic facts that are observed in animals, or the marvelous mechanism of the human mind in its highest manifestations.

Properly speaking, psychology is, then, only a chapter of physiology, of biology, and we are guilty of a pleonasm when we speak to-day of physiological psychology.

The study of psychology is physiology in its essence. Thus, without being the exclusive property of physiologists alone, it requires of those who wish to devote themselves to it a combination of anatomical and physiological knowledge—in a word, biological culture.

The literary man, who knows how to observe and to describe, the artist, the philosopher, the priest, can make judicious observations on their personal state of mind, depict the psychic life of individuals or of communities, and contribute for their part to the knowledge of psychic facts; if they have genius their perspicacity will go beyond that of most specialists, but often their works lack the physiological point of view.

Many modern psychologists have felt the necessity for grounding themselves on scientific ideas, and one sees writers interviewing physicians and alienists in order to give their descriptions the documentary value of a medical observation.

It is possible that these attempts may not always be felicitous, that they come out in the end with conceptions that are too simplistic. On the other hand, physicians, strong in their scientific equipment, forget that the culture of a science, however wide it may be, is not sufficient to make one master of it. Thus I can not follow the alienist, who, like Toulouse, thinks to monopolize the criticism of his art under the pretext that

only the physician understands anything of psychology! We owe much to writers, to religious thinkers, or rationalists who have analyzed the human soul, and if I dare demand of psychological writers in the future a more precise knowledge of biology, it is with the lively realization that we have no right to snatch the pen out of their hands.

The physiologists have made some mistakes in trying to fortify themselves by researches in vivisection and the psychics of physiology. They become too much wrought up over the unfortunate frog and the pain that is suffered in our laboratories. They have left to others the task of investigating the psychic life, and it is they who have, in a large degree, created the irreconcilability that seems to exist to-day between psychology and physiology. It is time that we advanced beyond this false position.

The physiologists have studied in animals, generally sleeping or deprived of their brains, the reaction of different tissues under the influence of artificial stimuli. Sometimes, stimulating a nerve fiber that has been laid bare, they have noticed distant reactions which have followed the irritation; sometimes, sectioning the nerve trunks, they have interrupted the continuity of the neuron and detected the disorders that followed in consequence. They have thus been able to determine the paths by which the nerve waves travel. Like explorers in new countries, they have pointed out the lay of the land, have noted the natural paths of communication, and have drawn up a sort of map of the region. It is far from being complete, and every day it has to undergo some alterations which often discourage the investigators. But at last we have reached solid ground, and what we do not know to-day, the explorer of to-morrow will teach us.

But alongside of this conquered country, where the march, if not easy, is at least assured, there are still vast stretches where quicksands seem to have effaced all traces of our predecessors. It is a sandy desert, which has been abandoned to psychologists and philosophers; they have made bold, but often imaginary, voyages across it, like those story-tellers who write

novels of adventure without ever having set foot in the country to which they transport their hero.

If this vague and uncertain territory of psychology were clearly defined, it would be easy for the physiologist to continue his modest experiments while remaining agnostic in regard to the things of the spirit. He would maliciously let the metaphysician stray away and flounder in the sand, and when invited to take part in the exploration, he would excuse himself by saying: "That is not in my line."

But the frontier between physiology, in the limited sense of the word, and psychology is not marked by a line which one can refuse to step over. There are no precise boundaries, but reciprocal entanglements. Every moment, while following up physiology, one loses the way and can not find it until he has set foot on psychological ground.

As soon as experiment or physiological observation takes a higher animal or man for its object, there is an interpolation of acts of consciousness in the reflex arc. It is still worse when the physician is confronted by a sickly body and phenomena that are complex and foreign to psychopathology. The physiology of our laboratories then becomes wholly insufficient; it appears childish in its evident obviousness.

Whether he wants to or not, the physician ought to be a psychologist, and in practise he will see that his knowledge of the human heart is more useful than his ability in questions of normal or pathological physiology. That is why, tho always considering the mental states as cerebral, and insisting on the principle of concomitance, I hold to the terms moral and physical, psychic and somatic, psychological and physiological.

In these scientific classifications new distinctions have been created. Some spiritualists find themselves constrained to recognize that certain chapters of psychology are open to experimentation and calculation, but they assign narrow limits to physiological psychology. They admit that there is beyond it a higher psychology, a study of the life of the soul, where one must proceed by introspection, and they seem tempted to snatch this branch from the biologist and hand it over to the theologian.

It seems to me that this is a mistake. Biology is a study of life in all its manifestations, and as such it has the right to approach psychological problems, not only by the path of precision, which is often false in experimentation, but by that of induction and introspection.

The law of concomitance demands that there shall always be structural modification of the nerve cell when there is a mental phenomenon; there is chemical reaction, production of heat and electricity, expenditure of force and fatigue, all physical phenomena, which, if one considers the reaction in itself, would seem to interdict all differentiation between the mind and the body.

But the distinction is born again and clearly established when one analyzes the stimuli which have determined the reaction, and when one examines whence they come and whither they tend.

To be sad is a mental state; it is, therefore, a psychic manifestation, but we recognize in it a physical substratum, since every act of consciousness must have a corresponding cerebral state. In its essence the phenomenon is psychophysical, as is everything that takes place in our mentality. But the expression of it is psychic, it is translated by discouraged words and by abnormal volitions.

On the other hand, this disposition of mind can be provoked by mental representations and by ideas; it is, therefore, of ideogenic origin. It can, on the other hand, be due to the action of a poison affecting the nerve centers; we then recognize a somatic cause for it.

When we say of an individual that he raves, we characterize at the same time his mental state and the cerebral trouble that is indicated. We perceive at the same time the two sides of the phenomenon, but, sometimes, this raving is the result of unbounded joy, it is psychological in its origin; at other times it is due to alcoholic intoxication, or the absorption of opium, and it is then somatic from the point of view of its cause.

To the eyes of most people pain is physical. The thought springs immediately to the cause which is in fact generally material, and sick people make a great effort to have not only the

unquestioned reality of their sensation recognized, but also the absolute materiality of the phenomenon. This popular view is too summary. To suffer presupposes two things: on the one hand a material condition of certain groups of nerve cells, a physical phenomenon; on the other hand a sensation perceived, a process that is psychic in its essence.

The existence of pain does not by any means inform us concerning its cause. To seek this cause is an ulterior problem whose solution does not always belong to the patient. This same pain, as real as a conscious act, real also as a concomitant cerebral state, may have as its cause a lesion of the tissues, or an irritation attacking the neuron in its continuity; it may, perhaps, be due only to mental representations, to fixed ideas, or to autosuggestions born in a psychological way. The pain in itself is none the less real on this account.

We are in the presence of a phenomenon of a physiological nature, in the strict sense of the word, when the electric irritation of the inferior cardiac branch of the sympathetic causes acceleration of the heart beat. We drop right into genuine psychology when an emotion causes the palpitations.

Tears can flow by simple mechanical or chemical irritation of the conjunctiva; they accompany our sorrows and our joys.

The nervous crisis of the venereal orgasm reacts furiously on all the organs, and the storm can be let loose just as well by representations that are artificially produced as by the slow work of the generative organs.

The appetite is normally created by the need which the organism feels of renewing its stock of energy, but it can be stimulated by the sight of an appetizing dish or by a gustatory memory; it can be suppressed, on the contrary, by a moral emotion, or by disgust. It makes little difference whether the disgust be provoked by a sense of smell or by a purely mental representation, due to a verbal suggestion. It is not without reason that one dreads to have at the table a medical "sawbones" who confides to his neighbors the secrets of the operating room and of the hospital. Vomiting may even occur as the result of such a reaction, which is ideogenic in its origin.

It is important, then, to recognize that the same physio-

logical manifestations and the same pathological troubles may have physical or moral causes; it is self-evident that they may be associated.

These ideas ought to be kept in mind in studying the reciprocal influence which the physical and the moral are constantly exerting, one upon the other.

In ordinary speech this word "moral" has a too restricted meaning. One understands by it hardly anything else except the mental characteristics, such as a lively or sad disposition. One tries to brighten the moral tone of an invalid or a person in sorrow. One forgets that a state of bodily ill-health not only modifies our mental condition in the pessimistic or optimistic sense, but that it can alter all our cerebral functions and disturb our intellectual and moral life.

Organic disorders, whether by known channels or by those that are still mysteries to us, affect our brain; they involve our reason, distort mental images, and pervert, completely or in part, the delicate mechanism of our psychic life.

Intoxicated by alcohol or other poisons, the most pious man will commit extravagances. Under the influence of the menopause or senile changes of the brain, the most modest and virtuous wife may be the prey of the most strange and libidinous obsessions.

An old man of established virtue will fall in love, rather late in life, with a common dancing-girl, and abandon his family. A young man will lose all feeling of affection for his parents and find his love changing to aversion, even when, with such reason as remains intact, he recognizes that nothing has happened to disturb the family relation.

Nothing is as sad as this dependence, not only of the intellectual being but of the moral personality, in the presence of the lesions which the brain cells momentarily or definitely undergo.

Fortunately this structural modification which leads to mental trouble does not always result from somatic influences. If in many cases the bondage is complete and inevitable there are others where one meets the beneficent intervention of the mind, of ideas, and of convictions.

Dualistic spiritualism describes the supremacy of the soul as it is when it escapes from the restraint of the body abandoning it in triumphant flight when our mortal remains shall return to dust. The conception is poetic, but does it correspond to the reality?

Why does this old man who has had an attack of apoplexy become not only a little petulant, but selfish and bad? Why should he, who has until that time been a good husband and father, now cause his whole family to suffer martyrdom? Why does he resist the gentle remonstrances of his most intimate friends?

Because his mentality is changed; because his brain is troubled in its thinking part, where those vague perceptions of pleasure and pain, which we call our sentiments, are born. Do not lecture this poor old man who has become vicious on account of cerebral disorganization; he can not help it, and you ought to submit until his death to the fatal consequences of this incurable diseased condition. Neither must you be severe with the other, the young man who has become vicious by reason of his education and hereditary tendencies. Doubtless his brain in an autopsy would not present the same thickening of the meninges, but if you could detect the minute intercellular disorder you would see that there was a lesion there also—slight, I grant you, but nevertheless real.

But whereas in the case of our old man your trouble would be wasted if you described to him the beauties of altruistic sentiments, you could succeed in leading the young man into a better way. Moral ideas act as an antidote as well when the mentality is perverted by a somatic cause as when the disorder results from an idiogenic cause. The prognosis depends more upon the severity of the lesion than upon whether it is due to a physical or psychic evil.

In acute alcoholic intoxication the mental state is profoundly changed, but if the intoxication is not complete the individual can regain his self-control. Under the influence of an emotion, as of shame, he is suddenly brought to his senses.

An invalid who has become impatient and disagreeable by reason of his pain, even tho his trouble may be distinctly mental

in character, can suddenly control himself when he perceives that he has gone too far and has keenly hurt those who are dear to him.

It is because the Soul has recovered its liberty, you will say, Why has she not kept it from the first if she is so all powerful?

No; if we sometimes succeed in escaping from these material influences and emerge from a bad disposition it is because there is some change in our brain. This cure may, perhaps, be due to the wholly material phenomenon of disintoxication, as in the case of the drunkard who has slept himself sober and whose moral personality has reappeared; it may, perhaps, be helped by rest, or by the action of therapeutic remedies, but it can also result from an idea, or of a mental representation that has come through the association of ideas.

Moral ideas, born of memory or awakened by a kind word, engender in the thinking brain intense work, material activity, and a succession of physicochemical processes. The groups of intoxicated cells that have been changed by a diseased condition are influenced in the general tendency toward repair; their chemistry is modified, and the cellular body returns either rapidly or slowly to its normal state.

By his helpful words and his councils as a man of sense the physician can often influence a patient whose mentality is disturbed as well as a so-called sane person who does not know how to resist his impulses. In both cases he changes the mentality of the subject, and, in virtue of the principles of concomitance, this change presupposes modifications of the chemistry of the brain.

In the presence of the same mental condition, such as sadness, sullenness, irritability, or violence, the physician can vary his methods according to the indications of the moment; he may have recourse to the most varied physical measures, or he may limit himself to the influence of psychotherapy; often he associates them.

We find ourselves in the presence of a patient with severe uremic intoxication. He is in a state of continual agitation; he jumps out of bed in spite of the entreaties of his family; he refuses food and medicine, and, if his relatives insist, he

abandons himself to violence. The physician arrives, and surrounds the patient with an atmosphere of calm kindness; he puts him back into bed without trouble and gets him to drink a glass of milk.

The family is delighted at this sudden and magical change, but they are also troubled by it. How is it that the patient can control himself when the physician is there, and can be as gentle as a lamb, whereas when he is alone with those who love him he seems to take a malicious pleasure in giving them trouble! This is a natural reflection which occurs, and I have often seen the friends around the patient deeply wounded by his contradictory conduct.

Yet, on the whole, no reproach should be put upon the poor patient. His brain is under the influence of toxins resulting from insufficient purification of the blood; his bodily functions are badly performed, and his mentality is disturbed. His mental vision is not clear; he is vicious by reason of intoxication, and is not only disobedient and wilful but provoking. It is, indeed, intentionally, and often with a cruel delight and a sardonic smile upon his lips, that he jumps out of bed the moment that the physician has turned his back.

Why is it that the physician who is immediately recalled can succeed again? Why does his calming influence become more lasting up to the point of suppressing all such accidents? Because he is a stranger; because, in the eyes of the patient, he holds a certain moral authority, and because he knows how to act with gentle persuasion.

The relatives, on the contrary, no longer have this suggestive influence. The patient knows their qualities, but also their faults; he takes their advice in the wrong way; on the other hand, the people around him lack the necessary calmness. Madame is weak and over-emotional, and she forces the patient into bed brusquely and with a sort of dull impatience. Thus the patient refuses to obey. He gains control over himself when it is the gentle hand of the physician which leads him.

The same effect, less rapid but often more durable, may be obtained by material treatment, by milk diet, by drinking a

great deal of fluid to cleanse the system, by the diuretic action of digitalis and diuretin.

The physician often has to choose, in a few minutes, at the patient's bedside, between these measures: physical treatment, or medicaments which can only effect the mentality through the medium of the body, and pure psychotherapy which, in acting psychically, is no less efficacious.

And we must never forget that in the two cases there is a mental change and a cerebral change.

It is by the influence of the physical on the moral that your intoxicated patient is rebellious, impatient, and vicious. You can bring him back to reason by treating his body only, but you can employ the action of the moral over the physical and reach the same result—namely, a favorable change of the pathological mentality.

Sadness is often the result of a fatigued condition. Then repose would be the physical remedy; it may be enough, but it is useful to combine moral influence with it; it may even be all that is necessary if it is impossible to take any rest. The same state of mind may result from moral troubles. Then you are disarmed from the physical point of view, but you have to aid you in your rôle of physician the powerful support which your sympathy for the patient gives you, your constant altruism, and, I do not hesitate to say, these are the more efficacious.

CHAPTER VIII

Slavery of the Mind in the Presence of Certain Diseases: General Paralysis, Meningitides, Epilepsies, Intoxications — Possibility of Escape from It by Education of the Moral Ego — Pinel; Curative Action of the Work of Logical Reflection — The Difficulty of Psychotherapy in the Insanities; its Efficacy in the Psychoneuroses — Necessity of Clear Ideas on the Genesis of these Diseases — The Importance of Psychotherapy in Every Province of Medicine

The idea that the moral acts on the physical is by no means new, and physicians seem to be in a good position to prove the value of this influence. But their constant preoccupation with the human animal often blinds them, and makes them put the inverse influence in the foreground. I have seen physicians who did not believe in the power of education stop short at a sort of narrow determinism which would render the individual a slave to the innate deterioration of his mentality and to the variations to which it might be subjected under the influence of disease.

True determinism admits this original deterioration, but it recognizes the ever-powerful action of ideas, and of intellectual and moral culture.

It is often possible for us, thanks to the influence of the moral on the physical, to escape from the clutches of the distemper, combat the effects of heredity, and struggle against disease.

There are diseases in which what we call the soul is in the most complete bondage to the body; that is to say, the cerebral deterioration is so profound that it can not be corrected by psychic influence or by the curative action of ideas.

The most striking example is that of general paresis. This terrible affection first of all attacks the cortical layer of the brain. The lesion extending through the entire cortex produces

not only motor and sensory paralysis, tremors, difficulties with speech or writing, and pupillary symptoms; it also gives rise to auditory, visual, and gustatory hallucinations; it creates conditions of neurasthenia, melancholia, hypochondria, and acute mania. Often the insanity takes the form of delusions of grandeur; it terminates in dementia, in psychic and bodily collapse. Fortunately the clouding of the intellect prevents the patient from appreciating his fall, but sometimes lucidity persists, and the unfortunate being witnesses, with keen despair, the annihilation of his mental self.

The situation is the same in some other affections that concern the higher portion of the brain, in the meningitides and epilepsies, where it is by no means rare to see the convulsive attacks replaced by what has been called " psychic equivalents " of a melancholic or maniacal nature, with criminal impulsions, and delusions of persecution.

The stubbornness and ferocious selfishness of certain epileptics is not, as one often thinks, a fault corrigible by education; it is a symptom of cerebral trouble. I have sometimes been skeptical concerning the fatality of this pathological egoism, and I have exhausted the resources of psychotherapy to awaken in these patients those sentiments of altruism that are the most instinctive, such as are confined to the friends they love the most. I might have spared myself the trouble; they listened to me, they understood me intellectually, but a moment later the patient surrendered himself to the control of the " morbus sacer "—docile slave of his diseased brain.

But even in these cerebral maladies due to microscopic organic lesions, one recognizes the influence of the mind. This does not mean, alas! that psychotherapy can check their advance, but it is easy to see that the trouble develops along the line of the mentality, innate or acquired. The previous faults of character manifest themselves. One finds in the deluded person the selfishness which withered his character in his healthy state and the tendency to fits of rage; those who were gentle and weak-minded will tend toward the melancholic and hypochondriacal forms. The stronger minds, those who were brave and accustomed to control their impulses, will endure the

anguish and will succumb only to the deadliest strokes. The horrible slavery which makes our mentality depend upon our brain shows itself also in the insanities, strictly so called, in the melancholias, the manias, and the various constitutional and acquired dementias, and in all the mental diseases where there must be a profound structural deterioration, altho it may elude our methods of investigation.

The various intoxications, when they reach a certain degree, act in the same fatal way upon the brain, and the psychic part of us succumbs completely to the influence of chloroform, ether, or alcohol.

But here one already sees the dawn of the psychic influence. The effect of these poisons will vary according to the mental state of the subject. He will fall asleep more easily if he is confident and tranquil; he will resist, on the other hand, if he is agitated.

In the diseases of the mind we can also, to a certain degree, prevent ourselves from working for our own cure.

There is, in the healthy culture of the intellectual and moral ego, a prophylactic and curative remedy against mental derangement. I do not exaggerate this influence in any degree. Who would pretend that he owes his mental integrity to the moral efforts he has made, or who would dare to accuse the unfortunate psychopaths of having neglected his moral education?

But this preservative virtue is implied in the curative efficacy of the remedy. I have often seen psychopaths take hold of themselves, break the bonds which held them, and regain, step by step, the lost ground, not only under the influence of time, nor by measures of bodily hygiene, nor by the natural process of the disease which is essentially cyclical, but by the clear sight of the end to be obtained and the roads which lead to it.

The psychological analysis of one's self, when it is well directed and made with a voluntary optimism and with the sympathetic aid of the physician, who enjoys not, to be sure, the perfection of psychic health—that is impossible—but an average state of mental well-being, is useful in diseases of the mind.

It is more efficacious than all the physical means by which efforts are made to give them health. Many alienists seem to have forgotten this moral influence, this power of ideas. And, nevertheless, these truths are not a thing of to-day. They were expressed with much heat by Pinel, the illustrious physician and man of worth, who, at Bicêtre and at la Salpêtrière, struck the chains from the insane.

Before Pinel's day physical treatment was looked upon as the only thing of value. It is his glory to have first introduced psychotherapy in the treatment of mental diseases. "It is necessary," said he, "to isolate the patient from his family and friends, to take him away from all those whose imprudent affection may keep him in a state of perpetual agitation, or even aggravate the danger; in other words, it is necessary to change the moral atmosphere in which the insane person is to live. But, above all, the physician ought to be interested in the inner life of the patient, to trace out the origin, often psychic, of his condition, to await the favorable moment to intervene, and to find out with care what tract in his mental life remains intact, and to remember it in order to gain control of it, and to point out to the patient himself, sometimes by a very simple reasoning, sometimes by concrete facts, the chimerical nature of the ideas which possess him; in some places one can employ a ruse or resort to a clever subterfuge to gain his confidence, enter a little into his illusion, in order to cure him of it by degrees. Sometimes it is necessary to break down the resistance that he offers, and to have recourse to physical force; but even then one should avoid useless pain. The physician and guardians ought to appear to the insane person as persons endowed not only with a material, but, above all, with a moral superiority. It is by these means that they will succeed in arousing in him the further effort of reflection."

Capo d'Istria,[1] from whom we borrow this exposition, holds that this moral treatment, extolled by Pinel, does not offer anything very original. He reproaches Pinel for having believed that the insane person can be rendered docile by an effort of

[1] *Revue Scientifique*, No. 20, 20 Mai, 1899.

logical reflection. "It was difficult to Pinel," said he, "to avoid this error of psychological analysis; he did not have the discoveries of modern psychological physicians in the domain of suggestion to illumine his judgment."

"If the insane person," he adds, "gives in to the strong will of the physician it is more often on account of his own mental weakness, and because the prestige acquired by those who care for him is in direct ratio to his psychological destitution."

Nevertheless, with all deference to modern hypnotizers and suggestors, it is Pinel who is right. Without doubt, the influence which we have over our fellows it not always rational; we often overwhelm them by the prestige which they recognize in us, and they yield the more easily to our injunctions according as they are more mentally weak. We have the right and the duty sometimes to profit by this situation if it is to cure, or to comfort, or to relieve them; but our influence is much more powerful and durable if the patient has partially preserved his good sense and can work toward his own cure along the lines of logical reflection. To make a patient obey and, for this end, to take advantage of his psychological misery in order to dominate him, is by no means to cure him. To attain this cure there is need of time, hygienic measures, and a devoted and unremitting psychotherapy which utilizes for the uplifting of the patient every ray of reason that remains to him. This situation is less rare than people imagine. Many of the insane are more or less monomaniacs, and preserve their logic and a great deal of good sense which ought to be intelligently utilized. The end to be obtained is not to make the patient stupidly suggestible; it is, on the contrary, to raise him up and to reestablish him as master of himself.

What we have quoted forms a fine passage in Pinel's "Treatise on Mental Alienation" (*Traité sur l'aliénation mentale*). It is the work of a man of genius, who gave to the whole science of psychiatry a new direction, and was a century ahead of his contemporaries. And, indeed, Capo d'Istria recognized this when he concluded with these words: "For the glory of Pinel, it is enough to recall the fact that he was the

promulgator of a new principle, and, in the language of modern terminology, *was the first to introduce psychotherapy for the treatment of mental diseases.*"

If the rebellious character of many of the insanities often renders this treatment of the mind futile, psychotherapy is, on the other hand, most powerful when it has to do with the psychoses of lesser degree which are called "neurasthenia," "hysteria," "hypochondria," and "want of mental balance." The reason, we shall see, is not intact in these comparatively mild states, but the patient is much more accessible to moral influence than the insane. Persuasion by logical methods is a magic wand in such cases.

All that Pinel has said of the insane is true, but it is a hundred times more true with regard to the psychoneuroses. The mental trouble here seems so slight that the public refuses to see the bond which connects such nervousness with the insanities. The physicians themselves do not always recognize the close relationship. On the other hand, I have shown how slightly these psychopathies differ from the normal condition, so slightly that one often asks one's self if they are really diseases.

In the presence of an abnormal mentality it is not wise to have recourse solely to physical or medicinal measures, to the douche (which is often used at random in psychiatry), to various narcotics (which have taken the place of the old-fashioned hellebore), or to brutal constraint, whether physical or moral. We must come back to the educative influence.

It is an easy measure to employ; it produces quick and lasting effects beyond all expectation. When the patient has become master of himself, he will continue his education after his cure. This method will establish his moral attitude, and will preclude such relapses as might be occasioned by emergencies in his psychical or physical life.

In order to proceed with method in this, the only rational line of therapeutics, one must clearly understand the nature of nervousness, and the causes which give birth to it or keep it alive. One must analyze the symptoms, go back to their origin, distinguish those which depend more or less upon the body,

and recognize the purely psychical character of others. Only clear views on this subject can give a physician assurance, establish his moral prestige in the eyes of his patients, and give him the power to cure them.

How far we are from this ideal! There is still an incredible incoherence of ideas among physicians. On this point the patients, or their near friends, can often see more clearly than their Æsculapius, and they laugh in their sleeves at the treatments which he makes the patients undergo.

I see many young women who present a perfect picture of the various symptoms of nervousness—dyspeptic troubles, general weakness, divers pains, insomnias, and phobias. A quarter of an hour of conversation is enough to recognize the abnormal mentality of one of these subjects and her exaggerated impressionability, which one can often trace to her earliest infancy. It is easy to detect her lack of logic and the mental genesis of a host of autosuggestions which rule her. This natural nervousness, after being manifested in childhood by nocturnal terrors and by a sickly sentimentality, is aggravated at the period of puberty—that time when, by influences which are still mysterious, the mentality of young girls often undergoes a complete change. If married, the wife does not find in the conjugal union the happiness of which she had dreamed; if she remains an old maid, she suffers in silence sharp regrets which arise from the feeling of having missed something in life.

It is not always real misfortune which troubles the mind of the patient, and, as a consequence, disturb his physical health; it is the trifling nothings, the petty annoyances, and the pin-pricks of life. A little philosophy, which is easy to inculcate, would be enough to reestablish mental equilibrium and to suppress functional disorders.

But no one ever thinks of that. A celebrated gynecologist, who, however, seems to still be wearing the blinders of the young specialist, discovers an hypertrophy of the uterus, a slight ulceration of the cervix, a little inflammation of the uterus. Behold the cause of all the trouble! The patient may insist in vain on the moral causes of her nervousness; the operator will not let himself be thwarted; he amputates and

cauterizes, performs curettages of the uterus, and expects to see the nervous symptoms disappear. He deludes himself into thinking that he has obeyed the adage: the cause being removed the effect will be done away with (*sublata causa tollitur effectus*). But, to his great astonishment, nothing of the sort occurs.

The patient falls into the hands of a specialist in the treatment of diseases of the stomach. This latter is a serious physician who is not content with a superficial examination. Just think; he syphons the stomach, analyzes the gastric juice, injects air into the organ, and notes its limits with a blue pencil. With an expert hand he produces succussion, and then declares: "You have a dilatation of the stomach, with hypoacidity; you will never be well as long as the motility and the chemistry of your stomach are impaired!" He prescribes a bandage to support the sagging stomach, and a dry diet, and notes carefully what foods should be avoided. He makes such a long list of them that he would have lost less time in noting those that were permitted.

The patient grows thinner and thinner, and becomes weak. She suffers, it is true, a little less with her stomach because she does not demand much of this organ, but she is more nervous than ever.

Electricity is the next thing on the program. The patient sits down on the insulated stool of the static machine. The buzzing, the static brush, the disruptive discharges are all going to act upon her neurons as upon the "coherer" of wireless telegraphy. And it is with a feeling of profound content that the neurologist runs his electrode up and down over the surface of the body, without allowing himself to be at all disconcerted by the smile—which is oh! so skeptical—of the patient. Frankly of the two it is difficult to decide which is subject to the greater vagary!

I have not overdrawn this picture. Molière would have enjoyed himself hugely to-day. I understand these therapeutic vagaries up to a certain point. I have shown that it is the fruit of our medical education, and we have a great deal of trouble in getting out of the beaten track. But it is time

for this to change. And, while continuing to use for the good of our patients the physical and medicinal measures at our disposal, we must recognize the influence of the mind; we must analyze this action, and learn to take advantage of this helpful measure, which has been too long neglected.

The specialist in neurology and psychiatry is not the only one who ought to sharpen his faculties of psychological observation and resolutely enter the path of psychotherapy. The surgeon ought to know these psychopathic conditions if he wants to avoid unfortunate complications. Have we not seen them remove the appendix in patients seized with hysterical attacks of pain, open the abdomen of a confirmed hypochondriac to prove to him that he did not have cancer, perform a gastroenterostomy in a nervous dyspeptic, and do an ovariotomy on an hysterical patient? They even perform operations to cure neurasthenic patients whose mental condition is disturbed by morbid introspection.

And in the numerous specialties whose existence is justified by the fact that they call for a certain operative routine, those of the oculist, the rhinologist, and laryngologist, would it not be better to operate and cauterize and scrape less, and to recognize, even in those ills which seem so localized, the enormous influence of unhealthy autosuggestion and the power of mental representations, and to remember those diathetic conditions which often render local therapy illusive.

In conclusion, the practitioner of small towns and country places, who must give to everybody at least the first help, ought to know all things, and can not afford to ignore this medicine of the mind. He knows his patients better than the city man does his patrons. He is acquainted with their ordinary mental condition and their hereditary influences; he almost lives with them. Naturally he lacks the time to deliver long psychotherapic conversations to them, but if he is a psychologist he will have no trouble in distinguishing what originates in the mind and what is only physical.

He does not need to be a wizard to perceive that his visit does more good than his medicines. He will see that all the good that he does lies in showing a warm sympathy and in giv-

in[illegible] of healthy philosophy. In every land there appear broch[illegible] articles in the papers, showing us that these truths ar[illegible]air, and that a new avenue is opening for medicine.

Medical tea[illegible] the twentieth century, without neglecting the conque[illegible] preceding one, will give a larger and larger place to r[illegible]ychotherapy. It will renounce the puerilities of hypnot[illegible]ggestion in order to arrive at the education of the mind.

With men, as with dolls, t[illegible] are the most fragile; they are in constant need of repai[illegible] is a great deal to do in this field, and the physician who [illegible] art will undertake the work joyfully.

CHAPTER IX

Psychic Symptoms of Nervousness — Psychic Origin of Functional Troubles — Every Organic Disease Has Its Counterpart in Nervousness—The Characteristic Thing of Nervous Patients is Not Their Pains but Their Mentality — Mental Stigmata: Suggestibility, Fatigability — Exaggerated Sensibility and Emotivity — Suggestion and Persuasion—Suggestibility in a Normal State

WHAT symptoms, then, of nervousness, to use the most general term, are psychic in their nature, and justify my oft-repeated statements that psychic treatment is necessary for psychic ills?

If one considers the very essence of the phenomenon of thought every distinction between the spirit and the body disappears, for it is understood that where there is a working of the mind there is cerebral vibration. But these two movements, so intimately associated that they have become one, may be incited along the lines which I have called physiological or somatic through the medium of the blood or of the sensory nerves; they may also give rise, by the psychological path, to mental representations which come to be interpolated into the reflex arc. In short, the ultimate expression of the reaction, whether the latter be somatic or psychic in origin, may itself be psychic, in that it is expressed by thoughts and by more or less conscious volitions, whether or not it arises as a bodily manifestation through the channel of the emotions. It is in this double point of view of the origin and end of the reaction that the distinction between the moral and the physical exists.

The neurasthenic who complains chiefly of habitual sadness and chronic ennui, who feels growing within him a morbid sense of timidity and discouragement and an increasing misanthropy, will not be astonished if you tell him that these are psychic manifestations, and he will understand how much it

bears upon the treatment to find out whether this sadness is caused by a diseased condition of the body or is induced by moral suffering.

Any patient who does not sleep regards his condition as physical, but he will not be slow to recognize the psychic origin of insomnia when you point out to him that what hinders him from sleeping are often distressing memories and worries over the future or the apprehension of insomnia. It is not rare to have patients state that a headache has resulted from an emotion, therefore from an idea, and if the headache proves to them that some material process has taken place in their brain they will willingly admit that this trouble has psychological causes, and that it arises from another source than that of the headache succeeding the abuse of alcohol or the inhalation of nitrite of amyl.

But when you tell a nervous dyspeptic that his digestive troubles are psychic in their origin, or a paraplegic hysterical patient that his affection is psychic, or a hypochondriac that his pain is also psychic, you will often be met by a smile of incredulity. Your patient will feel that you abuse this word psychic. You will often detect in him some slight sign of temper, such as a sudden coloring; he will be vexed, believing that you do not understand him and that you think his ills imaginary.

Yet, nevertheless, this is wholly psychic; clinical analysis proves it more and more. Nervous symptoms do not ordinarily arise in somatic ways under the influence of purely physical irritations, as do the unconscious nervous reflexes. We find everywhere the interpolation of these so-called psychic phenomena; everywhere the idea comes in, often creating the functional trouble out of whole cloth, and sometimes, if it has originally occurred under the influence of an accidental cause, of a traumatism (for example, some previous bodily illness or intoxication), the idea will keep it alive and nurse it along forever.

The symptoms of psychoneuroses are legion. Nearly all the clinical syndromes which characterize bodily diseases have their counterpart in nervousness.

Alongside of angina pectoris there is the false nervous angina; one can detect the greater number of cardiopathic symptoms in nervous cardiac troubles. More often, from the point of view of objective symptoms, such as the condition of the tongue, the nature of the gastric juice, and disturbances of the motility of the stomach, nervous dyspepsia does not differ in any way from dyspepsia of organic origin. There are states of nervous anorexia, with vomiting, emaciation, and fever, which are diagnosed as meningitis; there are astasia-abasias, which give the idea of a cerebellar neoplasm; there are visceral neuralgias, which lead one to believe that there is tuberculous peritonitis, and often occasion the wholly futile intervention of the surgeon. We often even mistake articular neuroses and treat them as local affections, when the painful sensations are purely ideogenic.

I should never get to the end if I were to enumerate all the errors of diagnosis which result from the imperfect knowledge of normal and morbid psychology; it would necessitate rewriting the dictionary of pathology to suit the neurologist and psychiatrist. That which characterizes the psychoneuroses is not the various symptoms, the innumerable functional troubles, resembling those of organic diseases or the distressing sensations that the patient may experience; it is his state of mind, his mentality.

We all of us get tired; but we know what it is, and we are assured beforehand that a little rest is all that we need. The neurasthenic, however, is frightened; he takes his weariness with great concern, and makes it last longer by the attention that he pays to himself. The human mechanism is so complicated that hardly a day goes by without our noticing some creaking in the works. Sometimes it is gastric trouble, or a slight pain or palpitation of the heart, or a transient neuralgia. Full of confidence in our comparative health, we keep right on, making light of these little ailments. The hypochondriac, on the other hand, is fascinated by the idea of sickness; it becomes a fixed idea with him.

We all have to endure annoyances, but we try to rise above them and to keep our good humor. The neurasthenic and the

hysterical person looks at everything with a magnifying glass; the slightest event becomes a catastrophe.

Men generally fear death, but its specter is not always before their eyes. Often they forget it in a natural carelessness; often they look upon it as an inevitable but remote event; they are not inordinately frightened by it. The nervously afflicted, on the contrary, are often possessed by this idea of final dissolution, and suffer for years in terror of the specter death.

The real causes of the psychoneuroses are not in the accidental happenings that have provoked acute symptoms, such as traumatism, illness, functional disorder, emotion, and fatigue. These provocative agents act on us every day, but they lead to no permanent trouble in our health, because we resist them with a more or less voluntary indifference. The nervous patient, on the other hand, reacts by virtue of his abnormal mentality. One finds in him the characteristic mental stigmata.

These stigmata are innumerable, if one considers the various forms of nervousness and the association of ideas which give rise to the phobias and foster fatal autosuggestions. Each reacts mentally in its own way.

But it is possible to trace these various manifestations to some peculiarities that are mentally primordial. For I notice, first of all, in nervous patients of all kinds, a marked exaggeration of the inherent faults of human nature. Nervous patients are suggestible, susceptible to fatigue, sensitive, and emotional to a degree.

One might say, paradoxically speaking, that they are not sick. Not one of them presents any new phenomenon that is unknown in a healthy man; there is no intervention of special pathogenic agents, as in the infectious diseases, and no alteration of the organs determining functional troubles.

In such patients there is only an exaggeration of normal reactions that is expressed, not only by the intensity of the phenomena and the facility with which they occur, but also by deviation from the primitive type of the reaction, as shown in unexpected vagaries. I hold strongly to this conception, which makes me examine the normal mentality for the general outline

of the peculiarities of our patient. It is fertile in suggestions that interpret the functional disorders; it gives us the most efficient aid in therapeutic treatment.

An exaggerated suggestibility is one of the characteristic stigmata. It is common to neurasthenics and hysterical persons; it is found in its most pronounced forms among degenerate and unbalanced people; it plays an important rôle in the genesis of various insanities.

Some find that this word "suggestion" is abused to-day; others, on the contrary, give it so general a sense that they do not hesitate to say there is nothing but suggestion in the world, we live continually under the sway of suggestions.

The only thing to do is to come to an understanding on the value of the term.

In its primitive acceptation, to suggest means to make something enter the mind, and as, in short, our whole mental life is carried on by ideas that have penetrated our understanding, we could say that suggestibility is the highest quality of the human mind and the absolute condition of all intellectual or moral perfection.

But the dictionaries teach us that the words "suggest" and "suggestion" are used with a sinister meaning.

We do not speak of suggestion when, by honest persuasion and a logical setting forth of good reasons, we have influenced the conviction of our neighbor, when we have led him to a determination which he will have no cause to regret.

Suggestion does not come into the domain of exact sciences or mathematics; here one does not suggest, one proves.

Suggestion implies that good faith has been more or less imposed upon; that, by using the subterfuges of a facile logic, one has gotten around the subject, and led him to views which he would not have admitted if he had followed the counsels of reason and his own good sense. To suggest a last will and testament implies the use of artifice or dishonest insinuation in its making. One speaks again of suggestion when our conduct is determined by some mental caprice. Marmontel has written: "It was ambition which suggested to him this rash measure."

However, in the last few years the word has taken unto itself a less perplexing acceptation. One says of a book which makes one think: "It was a very suggestive work." One could also say: "It was goodness which suggested to that man such an act of devotion."

Thus understood, the word "suggestibility" indicates that faculty of mind which permits any one to be persuaded, by no matter what process, of the existence of a fact, of the justice of an idea, or of the excellence of a determination. But there is interest in differentiating and even contrasting the terms "persuasion" and "suggestion." Bechterew has cleverly noted the difference in saying that suggestion enters into the understanding by the back stairs, while logical persuasion knocks at the front door.

If the healthy man knew enough to obey only pure reason or just sentiments, and if only the sick man were weak enough to become the plaything of illusions, the distinction would be easy and one could say: "The men of sound mind let themselves be persuaded; only sick people are suggestible."

But in speaking thus the king of creation would manifest quite too good an opinion of himself. In spite of civilization, in spite of the enormous efforts of science, we are still very weak, and we all suffer from a most lamentable suggestibility in the most unfavorable sense of the word.

As soon as we leave the firm ground of mathematical reasoning we experience an incredible difficulty in resisting suggestion. When we formulate an opinion, or when we allow ourselves to be persuaded, it is very rare that logic is the only cause. Affection, esteem, the fear which those who are talking to us inspire in us surreptitiously prepare the paths of our understanding, and our reason is often taken in a trap. Our sensibility intervenes, our feelings and our secret desires mingle with the cold conception of reason, and, without being conscious of it, we are led into error. We let ourselves be captivated by a superficial eloquence, by the charm of language, and we yield at the first beck of attraction. In all domains of thought, even when we believe that we are enjoying the most complete independence of mind, we are submitting to the

yoke of ancient ideas which we have repudiated in our logical moments, but which have left their ineffaceable stamp upon our mind.

In politics and in philosophy we are almost incapable of effacing the influence of education. Even when there is established between certain men a community of aspiration and ideas, one may still find in each one of them a mentality that is Catholic, Protestant, Jewish, etc., and it would be well if that which thus binds us to the family, to the country, or to the race, were always a healthy sympathy of which reason could approve. But how often do we find lack of judgment at the base of this dogmatism! How often do we feel that we are obeying in a spirit of contradiction and prejudice when we ought to follow reason! Fatigue, sickness, and age render more difficult the mental processes constituting reflection, and we give ourselves up, as captives bound hand and foot, to suggestive influences which, at another time, we should have rejected. Thus, mental states are contagious in the narrow circle of the family, in a social class, and in a people. Just as in the middle ages there arose epidemics of hysteria, we also have proof of collective mental troubles in different countries. It seems sometimes that a country, in part or as a whole, has lost its judgment; that a wind of folly has blown over the land. During a certain time it is this country or that race which seems to show symptoms of pathological suggestibility; to-morrow the strong, who were yesterday proclaiming with a disdainful smile the lack of balance in their neighbor, will in their turn lose their heads, thus illustrating the weakness of the human mind.

A man pretends to be an intelligent being, and fears nothing so much as a reproach of folly. Nevertheless, if he wants frankly to examine his conscience he will find that it is difficult always to see clearly, and that daily he is the victim of unreasonable suggestions. Our judgment is subject to continual eclipses.

Sometimes this suspension of reasonable control is voluntary, because in a certain event we do not feel the need of protecting ourselves by consistent reasonableness. It is in this

way that we easily become the victims of illusions when we allow ourselves to be guided by a single sense. If we see, in a place where we might naturally suppose it possible for a cat to be, a gray mass about the size of that animal, we do not often take the trouble to test this perception, and we affirm the existence of the cat with a conviction which would draw other persons into our error. Under the sway of distraction, we often arrive at such summary judgments. It is thus by the mechanism of a hasty conclusion that we allow ourselves to be led into sensorial illusions. Everybody can find in his own memory examples of this suggestibility, and see that he could have escaped the illusion if he had kept better control of his attention and brought his reason into play.

Error by autosuggestion is greatly facilitated by the fact that a mental representation is already a sensation. The principle of concomitance demands it; there is a cerebral state corresponding to every idea, whether it be born by virtue of a true sensorial impression, or whether it be a purely mental representation, the same sensation ought to correspond to the same cerebral condition. When the testimony of a sense is too quickly accepted a suggested sensation accompanies it; it encourages us in our error, and fixes it.

The wine which we pour out of a dusky bottle bearing the label of a celebrated vineyard always seems better than it really is; a connoisseur among smokers will let his judgment be influenced if he recognizes the make of the cigar that he is smoking. Certain people experience a sensation of touching oil and the smell of petroleum in taking up a lamp which has never held any. The majority of people feel various sensations in touching the pole of an electric apparatus when it furnishes neither currents nor discharges.

At my advice, Dr. Schnyder, of Bern, has studied this suggestibility in my patients. Instructed to note the condition of tactile and painful sensibility, to experiment upon the cutaneous and tendinous reflexes, he ended with a so-called test of electric sensibility. The posts of a hand rheostat which contained no source of electricity were fastened to two wires terminated by rings which were put upon the fingers of the

patients. Avoiding all other suggestion, the observer begged the subjects on whom he was experimenting to tell him simply just what they felt. The illusion of an electric current which one could make stronger or weaker was strengthened by manipulating the rheostat, by sliding it onto the various contact buttons. More than two-thirds of the patients complained of various sensations of pricking, warmth, or burning, and took pleasure in describing them minutely.

Hack Tuke [1] has quoted many of these illusions born of a hasty conclusion and strengthened by the autosuggestion giving rise to the sensation. I will quote some personal examples. It has happened to me several times, on entering the homes of my patients, that I perceived heat radiating from a stove which I believed to be lighted. This hasty conclusion was suggested by the coolness of the air which made me suppose that they would have lighted it. I was quite astonished when I proved by touching it that I was deceived.

One of my friends went into the barber's in winter, and put his chilled feet on one of those ornamented brass rests with which every one is familiar. Immediately he felt a gentle warmth steal over his feet, and said to himself: "Now that is a practical idea; you can put your feet up and get them warmed at the same time!" He could not believe his senses when the absence of all heating apparatus was proved to him.

Question eye-witnesses concerning the details of some event at which they were present, and you will see that they have all seen differently because they have all looked through the spectacles of their understanding, distorted by preconceived opinions and autosuggestions. Judges and lawyers know how little credence they often can give to the declarations of even disinterested witnesses.

It would be of interest to collect examples of these illusions and to analyze their origin with care, but the task is not as easy as it seems. Even in such scientific analysis we have to avoid autosuggestions, as in the analysis of dreams which we try to remember, and which we embellish at the same time.

---

[1] *Le corps et l'esprit*, trad. Parent, 1886.

The fairy of autosuggestion slips in everywhere with her magic wand.

In the scientific domain we always try to make experiments under careful control. We have recourse to the testimony of the different senses, we submit the facts to the control of several people, we repeat the experiment, and, even in hypotheses, we try to be logical. Thus, people whose scientific intellect is developed are less naturally suggestible.

But even in this domain it is impossible to avoid error. I am not speaking now of those scholars who, tho often illustrious, are sometimes slightly unbalanced, who can show superior logic in mathematical work, and yet who let themselves be caught in the net of the gross superstitions of spiritualism and telepathy. Even those who escape these weaknesses are subject to error, and often confound their desire with realities and their suggestions for facts. There is no human brain capable of completely resisting illusions and of allowing reason supreme control.

If autosuggestion is capable of leading us into error concerning even the existence of a fact, and capable of giving rise to a purely suggested sensation, it is still more powerful when we enter the world of internal sensations, sentiments, or convictions. Here we no longer have the question of the possibility of control by our five senses; we have to do with vague sensations and mental views which have no objective reality.

The sensations of hunger, thirst, and the needs of micturition and defecation, the sexual appetites, and the general feeling of being well or of being sick occur still more easily under the influence of a purely mental representation than under the localized sensations of touch, pain, heat, or cold, or the perceptions which are so exact as those of sight, hearing, taste, or smell. To those who doubt the influence of an idea on the sensations and on the workings of the various physiological apparatus, I recommend a few moments' reflection on the facts of the sexual life in old age and in dreams. Listen to Montaigne: "And burning youth flames up, so impatient in his ardor that while asleep he gratifies his amorous desires in dreams."

This suggestibility becomes extreme when our convictions

seek to become established in strange and unknown realms. Ignorance renders us more suggestible, but, whatever our culture may be, we do not escape this failing, for our intelligence is always fragmentary, we are always ignorant of something.

Modern science has a slightly exaggerated predilection for the experimental method, and suggestibility to-day is studied by scientific processes.[1] One makes experiments by avoiding all voluntary suggestions and letting the subject fall naturally into the trap without pushing him into it. The dominant idea which has encouraged the error is then analyzed, and thus is detected the mechanism of suggestion. In this way one succeeds, without hypnosis, in fixing the coefficient of suggestibility of the individuals under experiment, in determining their reaction under moral influence, and their tendencies to imitation.

These interesting researches ought to be followed up more completely. They teach us to know the defects of our minds, and, in consequence, to overcome them. We can hold ourselves back better if we see the declivity down which we are on the point of sliding.

But, without awaiting the results of psychological labors, and limiting ourselves to the analysis of our mentality by introspection, we can recognize the following truths:

Human suggestibility is incommensurable. It enters into every act of life, colors all our sensations with the most varied tints, leads our judgment astray, and creates those continual illusions against which we have so much trouble to defend ourselves, even when we exert all the strength of our reason.

The power of an idea is such that, not only does it distort a preexisting sensation or an idea, but it can create the sensation in its entirety. There is no difference for the individual who feels it between a pain provoked by a peripheral sensation and that which results from a simple mental representation—between the real pain and the imaginary pain. More often the patient does not possess any criterion by which to decide the question, and the physician himself is frequently puzzled over

[1] *La suggestibilité.* Par Alfred Binet. Paris, 1900.

its settlement. He can, nevertheless, come to some conclusion by making an analysis of the mental genesis of the representation—in showing, for example, the inadequacy of the traumatism which has provoked the pain and the autosuggestions which are aroused in the mind of the patient. The demonstration is at last completed by the rapid disappearance of the trouble under the influence of some suggestion. Then the sick man himself sees clearly and recognizes the illusion of which he has been the victim often for long years. There are patients who have themselves reached this same conclusion; there are those who at the first consultation tell you: "The moment I am told about any sickness of which I am afraid I immediately feel the symptoms." The physician ought to remember that if exact sensations habitually transmitted by our five senses can be born through autosuggestion, the mental representation acts still more powerfully on those vaguer sensations which have been termed cravings for action or inaction, functional sensations, cœnesthesias, emotional sensations, and sensations of pain and of pleasure.[1]

I have shown that one must distinguish between suggestion, which acts by the circuitous paths of insinuation, and persuasion, which honestly appeals to the reason of the subject. However useful the final result may be, the mental mechanism has been distorted by the suggestion, and the determination is more or less abnormal. What is more absurd than to fall asleep by daylight, when one has no need of sleep, by stupidly yielding to the command of the hyponotizer? Must not one be credulous in order to have one's arms held up in the air or to keep one's eyelids shut because a magician has told you that you can not lower your arms and that you can not raise your eyelids? It cruelly abuses the mental weakness of the subject to make such suggestions to him.

Thus, suggestibility shows in general a lack of judgment, and I have heard hypnotizers tell me: "We shall easily get control of this man; his brain is debilitated by alcohol; he will offer less resistance to suggestion."

---

[1] *Les sensations internes.* Par Beaunis. Felix Alcan, Paris, 1889.

It is also to hasty conclusions, a sign of mental weakness, that we owe the majority of our illusions.

But the rule is by no means general, and even when the subject is led by suggestion to a reaction that is absurd in its essence it might have also followed that he could have reached the same point by rational ways.

Here is a workman afflicted with rheumatism which has resisted all treatment. He is discouraged, and has only one desire—to be cured and to get back to his work. They propose hypnotism to him. "I am willing," replies the patient; "I don't know what it is, but my comrades have told me that it does good!" And he falls asleep the moment that the doctor has pronounced the sacramental words: "Sleep, sleep, sleep!" Well, here we have a man of good sense who is absolutely reasonable in his incredible suggestibility! He has no reason to suppose that they are deceiving him, nor has he any reason to doubt the encouraging reports of his comrades. Ignorant of medical things, and making no pretense to have any knowledge of them, he is in a normal state of mind, in the favorable psychological position to accept suggestion. His error is excusable.

It is the same way with the young soldier whose arm was suddenly paralyzed by a suggestion. He had entered the hospital for treatment for angina, and the professor who examined him suddenly flung this question at him: "How long is it since your right arm was paralyzed?"

Astonished, he timidly protested, and asserted that there was nothing the matter with his arm. But the professor did not lose his assurance, and, addressing himself to the assemblage of students, said: "You see, gentlemen, here is a young man who has a *psychic* paralysis of the right arm, and, as is generally the case in this curious disease, the subject has no knowledge of his helplessness. But, nevertheless, you will admit his arm is inert, and when I let go of it after having raised it up it falls like a dead weight!" And the arm remained paralyzed until the day when an opposite suggestion restored the use of it to the young man.

"What a stupid that young soldier must have been!" doubt-

ers will say. Not at all. His mental state was quite natural. Doubtless he could have thought: "Why, no; my arm was not paralyzed when I came; I saluted with my right hand; I did such and such work before coming."

But he is a timid young peasant who has lost his nerve in the presence of these wise gentlemen. He knew nothing of suggestion, either as a word or as a thing; he could not grasp the idea of a practical joke. The only thing left for him was to admit that these wise men knew more about it than he did; he believed it, and he was paralyzed. The error was absurd, but it is inevitable in the psychological conditions of the experiment. Credulity is here the fruit of ignorance and emotions which are quite pardonable.

It is none the less true that suggestibility is only a defect, and that the individual who wishes to preserve the integrity of his good sense and to assure his mental health ought at every turn to appeal to his reason and keep watch over his mentality. He will perhaps lose the slight advantage of some day being able to be cured by hypnotic methods, but he will gain the ability to escape from his numerous false autosuggestions; for we know that it is better to prevent diseases than to cure them.

A critical spirit is by far the best preservative against the numerous functional troubles which are called forth by means of mental representations. It is our moral stamina which gives us strength to resist these debilitating influences.

The labors of hypnotizing physicians show unmistakably the incredible suggestibility of the human being. In the hypnotic state we can turn a person into a veritable automaton, make him accept suggestions of changed identity, double his personality at will, suggest to him that he is king, make him shrink back in fright before an imaginary lion. It is not even necessary to resort to hypnosis in order to obtain this passive obedience; a verbal suggestion is enough in the waking state. Hypnosis is nothing in itself; it is itself suggested in the waking state, and more frequently than not there is no use in making the patient pass into this state of semisleep or artificial somnambulism.

These facts are true; it is easy to be convinced of it in

following the experiments of expert physicians in this matter. I am also astonished to note how many physicians are still in the greatest ignorance on these subjects. Many have not taken the trouble to see or to think, and still believe that hypnosis is a pathological condition provoked by somatic processes acting directly by means of the nerves or the blood-vessels. They forget that hypnosis is only suggestion, and that the most complete automatism may be obtained without preliminary sleep.

The demonstrations of physicians are, perhaps, not so decisive because they obtain the most curious results only on such subjects as have already been hypnotized, on hysterical patients, or on the poor alcoholic wretches which we hesitate to recognize as our fellows from the mental point of view.

The experience of wandering hypnotizers and suggesters are often more instructive. They clearly show the passivity of the human being in the presence of heterosuggestions, the rapidity with which these latter become autosuggestions, and the facility with which the mental representation is transformed into sensation and action.

From this point of view I have found of particular interest the demonstrations of a German, M. Krause, who styles himself "Suggestor," and has given séances in different towns of Germany and Switzerland. He made his début some eighteen years ago as a hypnotist; since then, probably to escape the intervention of the police, he has limited himself to verbal suggestion in the waking state.

After having a very plain talk, in which he defines "suggestion" to his audience, he begins his experiments on a dozen young people who are on the stage. He speaks to one of them, and tells him to throw his head far back, to open his mouth wide, and to shut his eyes. Then in a low voice he insinuates: "You can not open your eyes!"

The subject opens them without any difficulty, shuts his mouth, and resumes a normal position; the experimenter sends him back into the hall as a refractory subject.

The same performance occurs with the second subject, who also opens his eyes, smiling. The third obeys no better, and

the public begins to believe that the experiments are not going to succeed.

But M. Krause is not at all disturbed, and says, calmly: "Yes, you succeeded in opening your eyes very well, but did you not have some trouble? It wasn't quite as easy as in the normal state?"

"Yes, I did have a little difficulty," stammers the young man, doubting himself.

From this moment on nearly all the subjects in the experiments are under the charm, and proceed to obey the most absurd suggestions.

The fourth subject the experimenter handles without gloves. He places him on a chair and bends him over backward, he throws his head sharply back, opens his jaws, closes his eyes with his hand; then, in a tone of conviction, he says to him: "You can no longer open your eyes, nor close your mouth, nor even pronounce your own name. Try; you can not do it!" And lo! and behold, our astounded young man stays in this position, exposed to the ridicule of the public. How is he going to be delivered? That is very simple. M. Krause orders a neighbor to put his hand on the breast of the subject and to count "One, two, three!" And, sure enough, at three the patient under suggestion opens his eyes and behaves like any normal person.

Why this passive obedience? Because the subject has believed what was told him. Frightened, disturbed, and plunged into a state of expectant anxiety, he has admitted the suggestion, and the representation of powerlessness has been followed by a true lack of power.

After this first success has been obtained M. Krause proceeds rapidly and surely. He leans one of his subjects against a column and suggests to him that he can not get away from it, and now the man makes vain efforts to free himself. Catalepsy of the arms and legs is immediately obtained in the majority of subjects in the waking condition. Soon the assurance of the experimenter knows no bounds. Without verbally suggesting a preliminary sleep, he makes his subjects accept the most absurd suggestions. He doubles their personality,

transforms them into other persons, sends them to purloin watches from the audience, then, plunging the subject back into the representation of his moral personality, he allows us to see the astonishment of these young men who are completely bewildered by the actions which they have committed in this secondary state. This secondary state, observed often without suggestion from outer sources in hysterical people, is purely imaginary; it is only the result of an accepted suggestion; it is due to nothing but the incredible credulity of the subject.

Now, ninety per cent. of people are suggestible on this point, and theoretically we are all so as long as we are ignorant of the subject. Nobody is absolutely refractory to suggestion. All depends on the psychological moment in which we find ourselves, and the personality of the suggester counts but slightly in the success. It is enough for him to be a psychologist and to have audacity.

Education ought to undertake the task of delivering us from such imbecile suggestibility. Reason is the sieve which stops unhealthy suggestions, and allows only those to pass which lead us in the way of truth.

CHAPTER X

Fatigability — Muscular Fatigue; Its Location — Mental Troubles Connected with Muscular Fatigue; Tissiér, Féré — Psychic Element of Fatigue — Conviction of Fatigue — Cerebral Fatigue — Ergographic Curves — True Fatigue and Ordinary Fatigue — Dynamogeny and Dynamophany — Importance of these Ideas to the Physician and the Educator

I HAVE indicated among the mental stigmata of the neuroses exaggerated *fatigability*. The word, I believe, is not in the dictionary, but it deserves a place there because it expresses exactly what it means. This fatigability is only diseased when it is exaggerated, for every organ that functionates will tire. Activity in no matter what domain supposes the use of materials, combustion, disorganization of the cell, and accumulation of the products of combustion. Work ought to be followed by rest, which allows the cell to recuperate its used-up strength and to recover its normal structure.

The phenomenon of fatigue is more complex than it seems at first glance, and we are still in ignorance of its real nature and of its seat.

I raise a weight a great many times, and immediately I notice muscular fatigue; the functional activity diminishes, and I raise it less and less high; at last I can no longer move it. What has happened? Is it my brain that has grown tired of giving orders; is it the changed nerve which will no longer transmit the voluntary influx to the muscles? Is it the peripheral organs or the terminal plates of the muscles that do not respond completely to the transmitted stimulus? Could it be, after all, that moral incentives are lacking to determine reactions which we call voluntary? Is the fatigue localized, or does it occur everywhere at once throughout the whole neuro-muscular apparatus? This last hypothesis is the more

probable, since all work leads to fatigue and all the organs act simultaneously.

Physiologists have studied muscular fatigue in the isolated muscle, and they have proved that the catabolism of the muscle causes glycogen, carbonic acid, lactic acid, and other deleterious substances to accumulate in the muscle.

Muscular fatigue may thus be considered as an intoxication by the products of combustion. An injection of salt solution into the principal artery of a muscle spent by repeated electrical stimuli is enough, for the moment, to overcome the exhaustion and to restore to the muscle its power of contraction.

On the other hand, a muscle that no longer responds to cerebral influences can still react under the influence of an electric current; this would make us think that it is the brain which has suffered the deleterious influence. But one also meets the inverse phenomena: the muscle no longer obeys the stimulus of the current, but contracts again under the influence of the will or of the reflex. Thus, attempts to localize fatigue are foiled, and it becomes probable that the changes which hinder the activity are at the same time central and peripheral, and that fatigue pervades the whole neuron.

There is an evident analogy between the organ that tires and the electric battery that polarizes. The potential of the latter is lowered not by the use of the zinc that is still present, but chiefly by the accumulation on the electrodes of the products of polarization, and in order to raise the electromotive force it is only necessary to eliminate by a slight shock, a breath, the bubbles of hydrogen which cover the carbon. In the same way muscular fatigue may be dissipated by the elimination of the toxins produced by the very act of functioning of the muscle.

Regarding the other organs, and particularly the brain, we are not so well informed as in the case of the muscle. We have no exact ideas concerning the toxins that accumulate in its tissue during cerebral activity, or of the effects produced by this fatigue, or of the constancy of the physical or mental symptoms which accompany it.

But, as has been noticed by Mosso,[1] the brain is eminently more sensitive than the muscle. There is greater need than in the latter for the constant flow of blood, destined not only to bring to it elements of nutrition and combustion, but chiefly to eliminate functional wastes and deleterious toxins. The muscle can still contract normally when its local circulation is suppressed by an Esmarch bandage. The loss of consciousness occurs, on the other hand, in a few seconds, if by pressing on the carotids one hinders the flow of blood to the brain, even tho the large vessels and the vertebrals escape the compression. This is the process which, they say, the Japanese employ to produce narcosis in their painful operations.

The most apparent phenomenon of all fatigue is the gradual diminution of functional power and the difficulty of continuing work already begun. But it is accompanied by other phenomena, such as pain, contracture, and extreme lassitude. If one persists, the fatigue extends over the whole body, producing breathlessness, palpitation of the heart, and perspiration; and in the end is followed by headache and mental troubles with distinct pessimistic and melancholy tendencies. Tissié[1] has studied fatigue following the violent exercises of bicyclists. "Enthusiasm for exercise, pushed to the point of excessive fatigue, in well-developed, healthy, robust men, by a long course of bicycling, or walking, or by prolonged and rhythmical muscular effort, provokes a sort of transient psychosis. These psychoses have the same exterior manifestations as the pathological psychoses of subjects who are morbid, hysterical, degenerate, or insane, etc. Such, for example, is the *ennui* to which they are all subject, and which always comes on, even in the most cheerful and best balanced, the moment they give themselves up to any intense enthusiasm."

Féré[1] also pointed out the mental troubles of fatigue, and insisted on the analogies which they present to the mental troubles of neurasthenia.

---

[1] A. Mosso. *La Fatica*, quinta edizione. Milano, 1892.

[2] Ph. Tissé. "L'entrainement intensif à bicyclette." *Revue Scientifique*, October, 1894. "La fatigue chez les débiles nerveux ou fatigués." *Revue Scientifique*, October, 1896.

[3] Féré. "Les troubles mentaux de la fatigue." *Médicine moderne*, November, 1898.

"It (the fatigue) often provokes ideas of negation, of persecution, of disparagement. Altruistic feelings give place to selfishness, which shows itself under the most varied forms. The subject is incapable of reacting against obsessions and impulses which may become irresistible."

And further on: "Fatigue permits a tendency toward depression of feelings and a general pessimism."

These ideas are fundamental in the study of psychoneuroses. Fatigue, when it is pushed to excess, exercises a sorry influence on the mentality of a healthy and robust man, and gives rise to the different symptoms of the psychoneuroses. It is evident that fatigue will act more powerfully and more quickly on individuals who are already suffering from natural nervous weakness. A trifle is then enough to upset their mental equilibrium.

I go still further, and recognize in what is called fatigue a psychic element which has not been sufficiently taken into account; I mean the conviction of fatigue, which is by no means proportioned to real exhaustion, and which owes its origin to our natural pessimism, which is exaggerated still more by the fatigue itself. True fatigue is doubled by the autosuggestion of fatigue; there is ennui and discouragement in our lassitude.

We may apply this distinction to all kinds of fatigue, and the facts that permit us to do so are observed every day in the healthy man.

Soldiers are on a forced march. They can go no further, and some lie down alongside the road, and declare that they are unable to take another step. Let an officer happen along who knows how to bring up the morale of his troops, let the music of the regiment be played, and you will see these men resume their march almost at a quickstep.

Were those men exhausted, then? No; for in that case it would have been necessary to allow them rest and to feed them, or else to leave them behind or take them along in the ambulance. They were fatigued, but under the influence of fatigue their morale had weakened, and they saw their fatigue through the magnifying-glass of their unhealthy pessimism. The word of their chief and the music restored their good spirits and

enthusiasm, and that is why they went on marching. The feeling of imminent danger, as of the enemy on their heels, would have acted in the same way and strengthened their legs.

By these questions one abuses the term dynamogeny. I do not, by any means, wish to imply that a sensory stimulus can have no direct influence on the muscular force; various physiological experiments seem to establish this action. But I refuse to recognize a dynamogenic action in the facts which I here note.

Encouragement does not create strength, it can only free

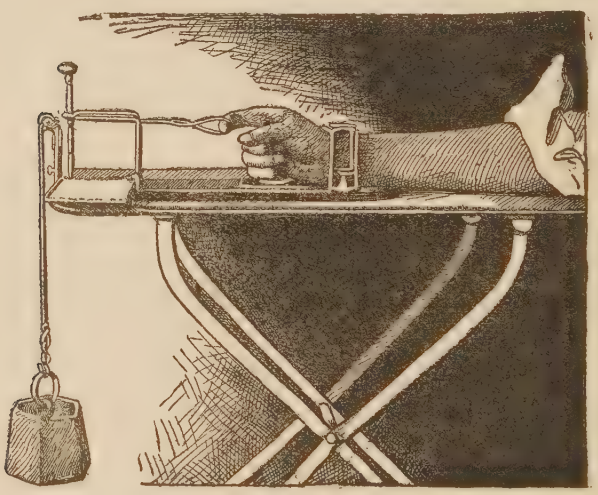

FIG. I

preexisting energies. Rest and food alone can restore to the organ the strength which it lacks; the first permitting the repair of the cell and the elimination of toxins, and the latter bringing it nutritive materials.

The psychic stimulant acts by another channel on the most delicate and most active elements of the thinking brain. It dispels sad feelings and that desire for idleness which we so complacently call fatigue. For just as the conviction of lack of power creates powerlessness, so strength can also return as soon as one feels that he possesses it.

The researches by the aid of the ergograph of Mosso give a very clear idea of what may be called true fatigue or real exhaustion.

For the use of my clinic I have constructed an ergograph [1] (Fig. 1) that is very simple and always ready for use. It consists of a slide with a pully, on which runs a little cord, supporting a weight of from 10 to 16 pounds. The experimenter places his wrist, with the hand extended, on the board, passes his index finger through the loop of the cord, and raises the

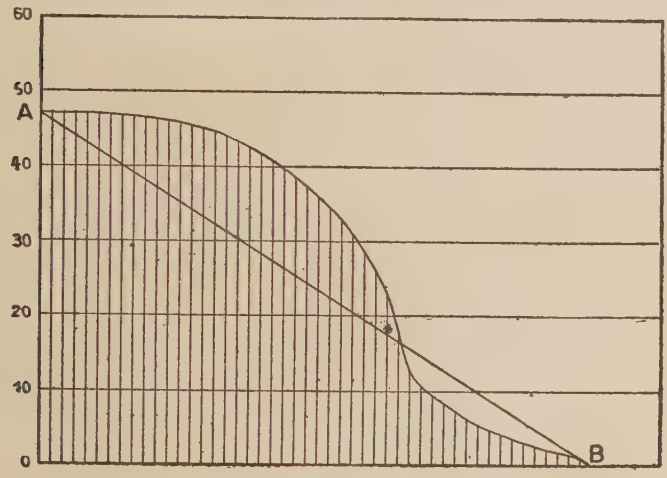

FIG. 2

weight rhythmically—as, for example, every two seconds. The apparatus traces automatically on ruled paper (Fig. 2) the height of the elevation. One thus obtains a curve of decreasing ordinates, whose value can easily be determined in kilometers, by multiplying the weight raised by the height of the ordinate. In man this curve has a characteristic form.

If one eliminates a few possible irregularities at the start, when the finger is not quite adjusted, the first contraction is the highest; the following decrease very slowly. The difference between any two successive ordinates increases more and

[1] The instrument is manufactured by the house of E. Zimmerman, of Leipsig.

more, and soon the fall of the curve is sharply marked. It looks as though the muscle would soon be exhausted. But in proportion as the ordinates are lower, the curve is prolonged. It still grows lower, but with less rapidity, so that if one draws a straight line, *A B*, between the summit of the greatest ordinate and the last ordinate, which is the abscissa, the curve presents this characteristic form: ⁓. The ordinates of the first half of the curve are above the oblique line, those at the end below it. This form (⁓) has its reason; in proportion as the ordinates decrease, the muscle works less, the kilometric effort is slighter, and, in a certain degree, the muscle rests; by working less it can work for a longer time. Here, then, is a physiological law which applies to all kinds of work. Fatigue leads to relative rest by the very reason of the diminution of the functional activity which it involves.

This typical curve is always found the same in the same individual. Thus it offers the following characteristics:

1. Fatigue is evidenced from the beginning of the exercise, it commences with the work.
2. The decreasing curve has manifestly such a form: ⁓.
3. Each of the ordinates traced marks the maximum effort of which the muscle is capable at the moment when it traces it.
4. When the exercise is finished, so that the index finger can no longer raise the weight, exhaustion is complete. No amount of encouragement can induce further contraction; there is no possibility of dynamogeny by any psychic means.

On the other hand, the slightest rest of a few seconds is enough to restore the faculty of contraction to the muscle. At the end of a minute the muscle has recovered thirty to fifty per cent. of its primitive strength. If, after regular intervals of rest for one minute, one traces successive curves, one will find in the collection of these curves the peculiarities of the single curve. Each of these curves has a total kilometric value that is weaker than the preceding one. The decline of power takes place rapidly at the beginning and more slowly afterward, so that one again finds this characteristic form of the curve: ⁓.

Such is the curve of true fatigue, independent of all moral influence.

Is this the curve of ordinary fatigue of which we speak every day, whether we bring it about by physical effort or whether we apply ourselves to intellectual work, or succumb under the burden of misfortune or moral emotions? No. With such true experimental fatigue, in which each ordinate represents all the effort possible, and the zero, absolute exhaustion, we must contrast ordinary fatigue, that which is always influenced by the moral stamina and the mental condition of the subject.

One sometimes sees a man, under the influence of anger or mad fury, put forth incredible muscular strength which no one would have believed him to possess. Any encouragement can also provoke a renewal of his power; but that is not the creation of strength, that is only a complete letting loose of latent energy. This exuberance is due only to suppression by previous inhibitions.

One finds the same phenomena in the intellectual and moral life. There are some people who seem to become witty when they have been drinking. Is alcohol really capable of giving us faculties which we do not possess when we have not been drinking? No. It merely suppresses the obstacles which are created for us by our habitual mental state, our timidity, and our desire to do the correct and proper thing. In order to make a speech it is necessary to allow free course to one's imagination and satire, and to shake off certain psychic fetters. Alcohol produces this effect, paralyzing our moral sense. Thus, if a certain dose of alcohol be exceeded, you will notice that the discourse becomes still more lively but more incoherent; the orator goes so far as to lose all feeling for the proprieties and all human respect.

If, under the influence of alcohol or coffee, or the intoxication which results from high spirits, a man is made to appear witty or good-hearted, or an original thinker, be sure that he really posseses these qualities at the bottom of his soul, and that if they are not apparent every day it is because they are repressed by concomitant mental states which do not allow

these latent energies to exhibit themselves. There is a certain truth in the adage: "One speaks the truth in wine" (*In vino veritas*).

I have tried to take some ergographic curves in neurasthenic patients. They have nothing characteristic, and vary according to the mental state of the subject.

A certain patient, overcome by laziness, and imbued with the sense of helplessness, gives up tracing his curve before it is even begun; he is ponophobic. Another abstractedly traces a few ordinates that are pretty high, then, feeling discouraged, he can no longer lift the weight, altho the preceding contraction was fairly strong; there is no gradual normal decrease. A third describes a regular curve with unexpected variations, but the ordinates are lower than those of a normal man who seems equipped with the same muscles. It is difficult to say in this last case whether it is true weakness or only a conviction of powerlessness; but one gets the impression that the subject under experiment, by virtue of his mental state, has not made the maximum possible effort each time he pulled the weight.

In fact, I have seen neurasthenic physicians pretend that they were in a state of complete amyosthenia (with loss of muscular contraction) and incapable of using their arms, yet, on becoming suddenly interested in the experiment, the same men have found undreamed-of strength, and produced an ergographic curve above the average.

It is impossible to disregard in these variations of psychic influence, the predominant effect of the contingent mental state.

It is the same in the intellectual domain. We wake up some morning feeling languid and depressed, perhaps without any known cause, perhaps on account of a bad night or previous fatigue. We refuse to give in to this feeling of powerlessness, and we resolutely set ourselves to work with the idea that we may "swing into the stream." Sometimes we succeed in getting into the spirit; at other times a[illegible]effort is vain, and we acknowledge our incapacity with [illegible]t. But good news comes, a friend encourages us, or we r[illegible]ve a flattering letter, which gives us back our confidence in [illegible]urselves, and suddenly we recover our spirits and the full [illegible]ssession of our powers. Is

this dynamogeny, the evolution of the physical force? No; it is dynamophany, the expression of psychic force.

When we declare ourselves physically or intellectually fatigued we admit our actual incapacity as a whole. Our fatigue seems to us like a fruit whose exterior form we can only appreciate at first in the mass without knowing its interior construction. If we cut it in two we shall perhaps find that it is only a small, succulent nut, but surrounded by a thick, fibrous shell. Let us analyze our fatigue, and we shall see that there is often only an almost imperceptible nucleus of true fatigue lost in an enormous mass of autosuggestion of fatigue.

It would not be exact to say that this is imaginary fatigue; it is a conviction of loss of power which follows a sensation that is real, but that is magnified by the pessimistic state of mind which fatigue itself has induced by acting on our moral nature. This mental state has a psychic and cerebral substratum. It is a diseased condition. It may improve slowly with rest and strengthening food. It can vanish still more rapidly under the influence of an idea, or of a feeling which stimulates cerebral action and dissipates the cellular disturbance and the inhibition which it produces. This distinction between true exhaustion and the autosuggestion of fatigue has not escaped general notice, but, ignorant of the truth of biologic determinism, the public describes as laziness, or languor, that incapacity which seems to be out of proportion to the work accomplished, or which shows itself before any effort is made. It does not take into account the fact that it is the morale that is tired, that there is a pathological state of mind that is in such cases always connected with some change of the thinking organ.

It is chiefly when we examine the conduct of others that we arrive at this rather uncharitable conception and are lavish with our reproaches. We are more gently indulgent when we are stating our own incapacity. With ourselves it is fatigue, exhaustion, sickness; with our neighbor it is called laziness, carelessness, and whims.

Whether slight or excessive, transient or lasting, laziness may be considered as much a mental disease as a fault of char-

acter. In many places it disappears under the dynamophanic action of encouragement, or of a strengthening mental representation. In other cases the nucleus of real fatigue is greater, and rest of more or less duration must follow. The task of the physician or the educator, when he has to do with such a condition of incapacity, is not to count up the responsibilities, and distribute blame to the wrong-doers and indulgence to those who call themselves sick. His only duty is to analyze with care the physical and psychic condition of the subject, to discover the point at which he can apply the lever in order to lift him into a state of activity. To give birth to the sentiments inspired by duty and to excite altruistic feelings is to do a useful work, both in those conditions which the public considers diseased and in those for which it reserves the epithet of lazy.

The art of the physician lies just in choosing in each case the most rapid and powerful means of improvement. Here it will be more or less complete repose, lasting for a greater or less time; here a little ecouragement or moral influence will be enough; but he must be careful not to conclude that the one method or the other marks the exact limit between sickness and fault. There are subjects whose incapacity is considerable and of long standing, and who suffer from various nervous symptoms, such as headache, digestive troubles, and loss of weight, but who recover their brave spirit after a single psychotherapic conversation, altho a diseased condition was evidently present. There are others who, tho free from all painful symptoms, nevertheless suffer all their lives from a pathological languor and a moral weakness against which all physical or moral treatment may strive in vain.

This analysis of fatigue is fundamental for the physician who wants to use psychotherapic influence. He must recognize in himself the part that the morale plays in the development of feelings of exhaustion. He must know how to conduct his patient into the labyrinth of this psychological analysis of his own sensations. In the greater number of cases the only way to cure it is to rapidly suppress the psychic disorder, and once for all to give the subject—if we may not rather say the

patient—that feeling which alone can create power, namely, the conviction of power.

In our appreciation of fatigue we still make other errors which are often serious in their consequences. Certain persons apply this term fatigue to diseased symptoms which have nothing to do with exhaustion. Thus, epileptics often mention their "tired feelings," by which they mean their attacks of *petit mal.* Very often neurotics call fatigue a combination of feelings which they experience on waking after a period of prolonged rest. They are right in this sense, that the symptoms are just those which we feel in fatigue: weakness, excessive lassitude, headache, and inability to work. But one ought not to speak of fatigue where there has been no work. The analogy of the symptoms does not imply the identity of their causes.

In many cases the error consists of attributing to the fatigue that is felt other than the true causes. This is another instance of the hasty conclusion following the adage: "*Post hoc, ergo propter hoc.*" This error leads us to take useless measures to suppress a useful effort, while allowing those irregular habits to continue which were the sole causes of the disease.

Whatever may be the mistakes that he has made, whether he deceives himself concerning the symptoms or their causes, or whether he sees his fatigue through a magnifying-glass, the neurotic finds himself in the same situation as one who has been hypnotized or under the influence of a suggestion. He has allowed a false idea to creep into his mind; it develops there more or less logically, and from that time on he is powerless just in proportion as he believes himself powerless. On the one hand he thinks himself sicker than he is, on the other hand he tries to avoid influences which he considers hurtful. Faint-hearted, in the first place, and seeing the increasing failure of these ill-calculated hygienic measures, he is apt to become ponophobic and hypochondriacal.

We shall find everywhere, in the history of phychoneuroses, the disastrous influence of erroneous ideas, whether they be due to an excusable ignorance, or whether, as is more often the case, they result from the irrational mentality of the subject.

I do not hesitate to submit to my patients these considerations on fatigue and to show them that in nursing their susceptibility they are not to be compared to paupers, but to those cowardly beings who, tho enjoying a certain ease, are always thinking that they are going to be left in poverty.

We are all of us like this in different degrees. Tho we sometimes become presumptuous, we more often lack confidence in our own strength.

CHAPTER XI

Sensibility the First Condition of All Physiological Activity—Sensation: Its Psychic Character—Constant Influence of the Idea, of Autosuggestions, on Our Various Sensibilities to Physical Agents: Air, Barometric Pressure, Temperature, Electricity, Light, Food

The cell does not act, it reacts. Sensibility, in its most general sense, is thus the first condition of all physiological activity. It is necessary to have a stimulus to start up the latent energies accumulated by the deposit of calories or economized by rest. These stimuli are always external to the cell, the organ, or organism that reacts, but it is customary to distinguish those which start in the periphery or the external tegument, as organs of sense, from those which arise in the depths of the organism, in the splanchnic organs or in the cell bodies themselves.

Whichever they may be, these stimuli awaken at one and the same time the functioning of lower centers, the simple or complicated reflexes which are studied in physiology, and those very delicate and complex reflexes which are called association of ideas and mental representations. And the nervous wave does not stop there; from being centripetal it becomes centrifugal, and the gesture accompanies the idea with the constancy of the most common reflex—so much so that one can say that mental representation is already an act begun.

The majority of sensations which directly, by the way of a reflex or by the intermediary of mental representations, are the determining causes of our acts, enter our understanding by the way of our five senses. These are, as I have said, our antennæ; it is by them that we come in contact with the outside world. It is by these channels to sensibility that our fellows act upon us, and that those heterosuggestions come to us which we often obey with too much passivity.

Since the world began we see nothing in action but these

five senses, and our sensibility is so well equipped by this abundance of receptive organs that we have no reason to suppose the existence of a sixth sense, or still others, establishing mysterious fluid relations between human beings. Still vaguer sensations, which are but slightly differentiated, arise in the organism itself, from the depths of our being, incited by the functioning of the inferior centers, which is itself always reflex. Here is the source from which there arise numerous obscure motor impulses of the sensibility, which also determine our reactions when we do not oppose them by the superior motives of reason.

The study of sensibility is thus of major importance to the psychologist. Unfortunately, in order to simplify the problem and to solve it, he has narrowed its scope too much. Psychologists have studied merely sensations which are always more or less identical, and which, in certain measure, are determined by the stimulus, whether natural or artificial.

It is thus that it has been possible to determine, with more or less precision, for the five senses, the threshold of the excitation, the extreme limit of the reaction, and the maximum where the element of pain appears. It has been possible to arrange tables of sensibility according to the law of Weber for electric excitation, and to determine the limits of sight, hearing, etc.

This work was useful and necessary, but it is only the a, b, c in the study of sensibility.

In experimenting on man it is very quickly perceived that the reactions vary from one individual to another; that we can easily guage the stimulus, but that it is often impossible for us to appreciate the reaction. As for the motor nerves, a movement is produced, and it is possible to state the extent of it, and to measure the mechanical effort developed. But for sensation, the control escapes us, for it is always subjective; it is not translated by measurable external phenomena. As soon as the reaction of an individual to a stimulus seems to pass the ordinary limits so that it becomes distressing or painful, even tho it may not be so for others, one admits a diseased

condition or an habitual idiosyncrasy, and it is to the nerves that one relegates this state of hyperexcitability.

If remote or peculiar reactions follow the excitation, one tries to explain them physically, or physiologically, attributing a dynamogenic action to a luminous ray, or a weakening influence to such or such meteorological conditions. It seems as though one were studying exact phenomena that could be measured, or the definite relations of cause and effect.

One forgets, however, the truth that is easy to recognize: that is, that all sensation is a fact on the psychic order, that, in short, it is always what we call the soul that feels.

The physical element in the phenomena of pain provoked by the prick of a needle is the tearing apart of the terminal threads of the sensitive nerves. The physiological element is the transmission of the nervous vibration along the nervous filament with the rapidity of about thirty meters to the second, but the psychic element is the sensation itself, the perception of the pain that is received in certain special centers whose location is not known but which must be situated in the cortex of the brain.

While at the periphery, in the conductors, and the medullary centers, the bulbar and lower cerebral centers, the reactions take place with an almost mechanical regularity, the perception of the sensation may vary, on the contrary, according to the mental condition of the subject. Sensation may be destroyed by distraction, by an inhibiting autosuggestion; it may be rendered more acute or greater by expectation, or by attention; it may be created out of nothing at all in the absence of a true stimulus, by a mental representation. It is this intervention of the idea which makes the study of sensibility so difficult, like that of all phenomena where we have as criterion only the statements of the subject under experiment.

Thus I should be able to include the study of fatigue in that of sensibility. We judge fatigue only by the sensations which we experience, and that is why the psychologists tax their ingenuity to measure it with the help of ergographs and æsthesiometers and precise experiments that are often repeated, and intended to eliminate the errors due to the mentality of

the subject. Practically we do not think enough about the difficulty of the task. We all have the tendency to believe, not only in the reality of our sensations, which would be only natural, for they are always real to us, but in the reality of the complete phenomenon, the certain peripheral stimulus, the transmission of the nervous wave, and the final reception in the psychical receptive center.

It is nothing of the kind. All sensation remains a pure psychic phenomenon, and the proof of its existence does not always teach us the nature of its cause. It is only by the control of other senses, by induction based on previous demonstrations, often only with the aid of a third, that we can avoid error and assign to that mental image, which is the sensation, its determining causes.

Let us analyze, in the light of these ideas, the facts of sensibility which have been observed in the healthy or pathological condition.

The majority of physical agents act more or less upon man. Thus pure air is necessary for the proper functioning of our organs. Oxygen acts upon the functions of nutrition and augments the number of blood globules. Some researches of Féré seem to show that by breathing oxygen the energy, according to the dynamometer, is augmented, the time of reaction diminished. The air, vitiated by carbonic acid gas or by other gases, produces the contrary effects of depression, headache, nausea, and psychical depression.

These are definite effects, caused directly by the intoxication of the nervous centers. They occur in the best-balanced person, in one who is least apt to succumb to autosuggestion. There is, however, the possibility of idiosyncrasies. The organism of one subject may be more sensitive than others to physiological influences.

But this natural need for pure air passes all bounds in nervous persons and in some people who believe themselves in good health.

There are some people who are perfect fanatics about having the window open at night. You will see that in the majority of cases this sensibility is altogether a thing of auto-

suggestion, and if you can close the window after they have gone to sleep and open it before they waken they will never perceive the deception.

There are thousands of nervous people who have headaches the moment they see a heater, especially if it be made of cast iron, for they have learned that iron heated red-hot can let deleterious gases pass through it. They positively see carbon dioxid let loose, and they immediately suffer from its effects. There are certain ladies who will fall in a faint from having used a flat-iron to iron for a few moments in a well-aired place; odors, even those that are pleasant, such of those of favorite flowers, sometimes cause sickness of the stomach, or insomnia, or syncope.

I know that this sensibility is often real, and we have no right to deny the reality of these effects on account of the simple fact that we have not felt them to the same degree ourselves. But often these sensibilities bear the mark of exaggeration; one discovers the influence of preconceived ideas, and detects autosuggestion under the sensibility. The conclusion is confirmed by the extreme ease with which one is able to rescue the patient from this so-called hyperexcitability. A single conversation is often enough to dissipate these prejudices and to lead the patient back to the habits of the normal life. They are the first to laugh at their fears and to acknowledge their autosuggestive origin. Often, suddenly convinced by logic, they apply this mental treatment to other sensations, and thus learn to test all their sensations.

The variations of atmospheric pressure have undoubtedly an influence on health. Its diminution leads to muscular weakness, especially if there is accompanying fatigue, as in the case of mountain sickness. There is, on the contrary, a sensation of well-being when the pressure is increased. It is very rare that nervous patients complain of sickness brought on by variations of the barometer. The ladies, who furnish the best examples of autosuggestion, are, as a rule, ignorant of the workings of the barometer. They lack a basis on which to work up the mental representation which would give rise to the sensation.

The temperature of the air also has its effect upon us. A medium temperature is the most favorable for our bodies; it augments muscular activity and creates a feeling of well-being, especially if the sun cheers us with his rays. There is depression if the heat becomes too great, if it rises above 30° C. A moderate, dry, cold is well borne; nevertheless, it retards the functioning of the nervous system and enervates the muscles. Acting on the brain, it engenders sadness; and it is apt to be in autumn or at the beginning of winter that we find, in persons who are so predisposed, the beginning of melancholic troubles and suicidal impulses. Excessive heat also provokes insanity, but more particularly in its excitable forms, such as mania and transitory frenzy.

Let us recognize the part which possible idiosyncrasies may play, but let us not forget the influence of the idea and of prevention. We can often grasp the whole mental genesis of these exaggerated sensibilities and follow the development, in logical appearance, of these hasty conclusions.

One of my patients, twenty-eight years of age, was taken, without any appreciable cause, with various hysterical troubles: anorexia, dyspeptic troubles, sensations of burning heat in the back and in the extremities, returning by fits and starts, and accompanied by a general condition of very painful weakness. These nervous states are quite common among women at a critical age, and are found also in young persons, often in connection with the phenomena of puberty, or the menses, or in matrimonial preoccupation.

The trouble occurred at a time when a very severe cold wave passed over the country in which this patient lived. What was more natural than to attribute her sufferings to the unusual cold and to dress herself more warmly? The idea seemed so reasonable to her parents that they encouraged the patient to take still greater precautions. The spring came in particularly warm, and the parents were astonished to see the trouble persist; but, persuaded that the patient was afflicted with a diseased nervous sensibility, they still approved. The summer arrived, burning hot and suffocating, and the patient still suffered. Imbued with the idea that the cold was the first

cause of her troubles, she stayed in bed, refused to open the window, or to wash in cold water.

When in September, in a room where the thermometer marked 22° C., I saw the patient for the first time, she had her hands hidden under the covers. When her sister brought her a glass of warm milk I saw her make some movement with her hands under the clothes; she was putting gloves on to take the glass of milk. She did not dare to take hold of it with her bare thumb and finger for fear that the feeling of cold would bring on an attack!

It was with a pleading tone that she asked me: "Are you going to take my gloves off right away?" "No," said I, "I shall not take them off, but you will not put them on again from the day when you see that you are the victim of foolish autosuggestion." It took several conversations to convince the patient, and to throw down the structure of her fixed ideas and lead her back to normal habits. The cure was rapid, and the patient, whom I saw again after several years, never had any recurrence of the trouble.

Many of my patients, being highly susceptible to cold, cover themselves up more in midsummer than we do in winter, and their conversion is brought about by conversation from day to day before any material treatment, such as feeding or massage, would have been able to modify the peripheral circulation. It is quite evident that one has here to do with phobias and fixed ideas arriving by the uncertain path of premature conclusions, encouraged by the proof, as it were, of the apparent relations of cause and effect, a proof all the more assured, in proportion as the expectation of the result looked for suffices to produce it.

Often, in establishing their false syllogisms, the patients show a certain correctness of thought which augurs well for their cure. Altho one may think aright, yet one may be completely deceived if the point of departure is false, but one easily gets back to the truth if the deviation is corrected at the start.

The effects of the electrical condition of the air upon the normal man are almost unknown. The neuropaths, on the contrary, complain of depression or excitation depending on the various phenomena, but, what is a characteristic fact, they scarcely

feel them except when the disturbances are demonstrable by sight or hearing—that is to say, during storms, lightning and thunder. They also feel it on the insulated stool of an imposing static machine, and the effects can be beneficial or disastrous, according to the first idea that the operator has inculcated in his patients, or according to those which they have suggested to themselves. Many ladies are afraid of electricity, and the first treatment easily produces fatigue, weakness, insomnia, headaches; while with others the same measures lead to a feeling of calmness and sleep, or dissipate their chronic headaches.

If you are practising electrotherapy, try to soothe these unhealthy autosuggestions, make your patient's mind easy, and soon you will find that your electric baths and currents and sprays, and even your great sparks, will have only beneficial effects.

It is by a word, or a gesture, or an attitude that, either knowingly and voluntarily or unknown to yourself, you give rise to these so-called physiological reactions and their therapeutic effects.

It is often possible to prove the preponderating, and sometimes the only, influence of autosuggestions. The experiment is difficult with static electricity, with its induction currents, which produce various sensations: the patient perceives the fraud if the current is suppressed; but the experiment frequently succeeds if one uses weak galvanic currents.

The wife of a confrère told me one day that she was particularly sensitive to the action of electricity; the current of a single element applied on the back of the hand was enough to give her a burning sensation. I denied the possibility of the fact; she insisted, and called for an immediate trial. I applied the rheophores, and at the precise moment when the finger of the collector pointed to number one she cried out: "Now that burns me!" She was quite repentant when I showed her that I had not immersed the elements.

In a case of serious traumatic hysteria, presenting at the same time a left hemianesthesia, the rarer phenomenon of hysterical strabismus, of monocular polyopia, and of micropsia, I

used galvanic electricity in weak currents. At each application the patient complained of intense pain on the whole right side. I continued my treatment for some days, then I repeated the same performances without a current. The patient did not perceive the suppression of the current, and when I asked her if she still experienced the same pains she replied in the affirmative. I showed her her mistake clearly, and after that she no longer complained of her pains. These proofs, when they are properly made, may serve as a cure.

An hysterical patient who had passed her life as a valetudinarian, and had resisted all previous treatments, had some difficulty in understanding me when I tried to explain to her the ideogenic origin of her sufferings.

When my assistant tested her suggestibility by the method which I have indicated above, the application of the innocent ring on the right hand produced such pains that she declared she felt as tho her finger was broken.

From the time that I acknowledged to her our ruse, and showed that she had herself created these pains by her own ideas, she was convinced. Without any hesitation she applied this conception to her other pains, and from that time I had no patient who was more susceptible to psychotherapy.

Light also has its biological importance, and it would be puerile to deny its action. But its effects ought to be studied with the greatest care in healthy subjects. As soon as one begins to make statements concerning neuropathic patients, one lays one's self open to the greatest error. Not only would it be absurd to conclude from these experiments that analogous effects are produced in a man of sound mind, but it would be just as false to believe that these reactions are the result of a true hyperesthesia. Everywhere, with such patients, one must bear in mind the constant and inevitable intervention of mental representations.

It is also to autosuggestion that I attribute the phenomena of sound and taste phonisms, of colored hearing and taste, as noted by numerous authors.

I do not deny that the patients experience associated sensations, that they see a red *A* and a yellow *U;* but I have no

reason to see in this any physiological reverberation, such as the stimulation of one sense leading to the functioning of another. It is by the psychic way, by vague reminiscences and association of ideas that these syntheses are established. Moreover, one only sees them in certain subjects preoccupied with psycho-physiological problems, such as neurotic artists, who cultivate their temperament with the greatest care, or in very young people, who are always eminently suggestible.

The rôle of the idea appears very distinctly when we come to look at the influence of foods. Without doubt what we take into our body has an undeniable action upon it. I would take very good care not to lay everything to the imagination; and I even think that we hardly give credit enough to this action of the alimentary régime, especially where it is a question of long-continued habit. What one does every day in the year is found multiplied as a total at the end of the year.

Nevertheless, if one leaves out of the question the more or less toxic substances, alcohol, tea, coffee, and tobacco, the abuse of which would lead to disorders, if one excepts certain foods recognized by everybody as being difficult to digest, our physical well-being seems to depend very little upon alimentation. The human organism finds in very different foods, on the table of the poor man as well as on that of the rich man, the nutritive elements of which it stands in need. Decidedly the precautions of neuropaths on this subject are exaggerated. They live imbued with autosuggestions which they have created themselves. And in addition to all this, there are physicians who have so little knowledge of the mentality of nervous people that they seem to devote themselves to the task of making them still more miserable. They prescribe for them severe régimes which are annoying in themselves, in that they favor constipation and malnutrition, which are especially disastrous because they contribute to the development of a hypochondriacal tendency.

It is just the opposite which is needed, and the physician has no more interesting nor easy undertaking than the gradual destruction of this agglomeration of fears and theories. It is sometimes difficult to disentangle the skein of these autosug-

gestions, to enter into the idiosyncrasies—these must be suppressed as much as possible—and to follow out the mental mechanism by which the patient has come to have fixed ideas which stand in the way of his resuming a normal life.

Nevertheless, this is the most pressing duty for the physician who is interested in neuropathic patients.

A nervous patient is not cured, even when a physical treatment has led to great improvement, if he preserves his phobic mentality and his false views on the relations of cause and effect, and if he continues to live the life of a valetudinarian, always on the lookout to avoid influences which he wrongly considers hurtful. He remains an invalid just as long as he is cowardly and restless. The physician must first rid him of his foolish fears, and then lead him back to a healthy life.

The physiologist and the experimenter, who want to study true sensibility, must force themselves to cast out all suggestive influences; it is necessary that the subject should be, as it were, in a neuter state, free from preconceived ideas, but these conditions are difficult to obtain.

The physician, on the contrary, ought to study these effects of suggestion. It is necessary that he should be a psychologist or a physiognomist to discover the rôle that they play in the sensibilities of his patient. It is necessary for him to know the mentality of the latter in order to lead him by the clearness of his instructions to correct views and to deliver him from the yoke of his mental representations.

Often patients do not at the outset understand these counsels, and fear that all their sensations are going to be put down as imaginary. They frequently protest and give examples of something which has influenced them without any mental element. I accept these just objections, but I add: "Yes, everything really acts more or less upon us by the bodily way; but when our autosuggestions are along the same line the action is multiplied; when they are opposed to it, they are divided."

CHAPTER XII

The Emotions—Physiological Theory; Lange, W. James, Sergi—Intellectualist Theory—Cold, Intellectual Ideas; Warm Feelings—Subconscious Emotions; Apparent Automatism of the Emotional Reaction—Psychic Origin of Emotion; Value of this Conception for Treatment—Irrationalism of Nervous Patients—Physical, Intellectual, and Emotional Fatigue; Dangers of the Last—Unhealthy Impressionability—Temperament and Character

It only now remains for me to speak of exaggerated emotionalism—this last stigma of psychoneuroses. Here again the subject of our study is sensibility, a sensibility altogether moral.

Everything that takes place in the field of ideas is of psychic origin. At the root of every emotion there are mental representations and feelings which determine remote reactions and the functioning of various physiological organs. The emotion is *psychological* and not *physiological;* it is *intellectual* and not *somatic.*

I know very well that in laying down these premises I am not at all modern. I do not ignore the fact that Lange, W. James, Sergi, and others, make emotions physiological processes. According to them, the peripheral stimulus brings into activity the medullary centers, and determines muscular, vasomotor, and visceral reactions; and the mind, the sensitive ego, only experiences the emotion after the shock has occurred, confining itself, as it were, to the mere recognition of the physiological disorder.

According to Lange, all emotional movement is nothing but a *vasomotor reaction* directly provoked by the stimulus. W. James is less simplistic in his philosophy, and assumes a whole series of troubles in the motor, vasomotor, and glandular ap-

paratus. The emotion felt is, in short, only the consciousness of these organic changes; it is merely an epiphenomenon.

These authors have fearlessly set forth their views in the baldest manner. They say: "Here is a mother who is mourning for her son. General opinion assumes three steps in the production of the phenomenon: 1. A perception or an idea. 2. An emotion. 3. The expression of this emotion. This order is wrong; the two latter terms should be reversed, and the argument proceed as follows:

"1. This woman has just heard of the death of her son. 2. She is prostrated (physiologically). 3. She is sad. Now what does her sadness consist in? *Simply the more or less vague consciousness of vascular phenomena, which are taking place in her body, and of all their consequences.*"

W. James is quite as explicit, and says: "We lose our fortune: we are afflicted, and we weep; we meet a bear: we are afraid, and we run away; a rival insults us: we get into a rage, and we fight—this is what common sense says. The hypothesis that we are here going to defend implies that this order of succession is inexact; that one mental state is not directly brought about by another; that bodily manifestations must first be interposed between them; and that the most rational assertion is that we are afflicted because we weep, angry because we fight, and frightened because we tremble."

Such strange statements as these must find contradictors, and Nahlowsky, Wundt, Worcester, Irons, Lehmann, and others, have brought the intellectual theory in opposition to the physiological theory.

The more one tries to get to the bottom of these discussions the more bizarre do they appear, and I can not in these lectures attempt to criticize each one of the arguments put forth by both parties in the controversy.

But as emotion plays an important rôle in the development of psychoneuroses, I will try to explain the way in which I regard the emotions. Common sense is right: the woman who has just lost her child has first of all a perception, an idea; this idea saddens her, and her sorrow is shown by tears. All this emotional movement, which we call sorrow, has begun

with a phenomenon that is peripheral in its origin; by sensations, as is the case with all phenomena of mentality. Our mental representations and our ideas are always awakened by peripheral stimuli. It is our five senses which inform us concerning practically all that goes on around us, and it is the sensations that are felt which give birth to the idea.

The news of the death has been transmitted to the mother by words or by writing; it is in this way that the initial centripetal transfer has taken place which awakens the mental representation of death. But here we are already in the presence of an irreducible psychological phenomenon. If we try to explain it physiologically we have to attack the problem of the mind, and to show how a cortical cellular vibration, provoked by the sensory stimulus, can be transformed into a thought, into the mental image of death. Such an attempt seems to me premature, at least.

The same considerations apply to the feeling which follows this mental representation, to the sorrow which it begets. It has its source in the mentality of the subject. There are some mothers who will not shed a tear, others in whom the emotion will be shown in a wholly different manner—by pallor, or fainting, or by an hysterical attack.

The origin of all this disorder is wholly psychic and moral, and I do not see why sorrow, inasmuch as it is a psychic phenomenon, should not follow the idea of death.

The partisans of the physiological theory refuse to the "ego" the faculty of perceiving an emotion that is wholly psychic; they want the emotion to be made up of a combination of organic sensations. I do not see how that could simplify the problem. How can our vague recognition of the fact that we have tears in our eyes, of palpitations and faintness, be transformed into a sensation, quite *sui generis,* which is called sorrow? Why do we not experience it, at least in a slight degree, when a dense smoke makes our tears flow and hinders our respirations? Why have we no feeling of shame when the inhalation of nitrite of amyl makes us blush scarlet? Emotion is, first of all, a psychic condition. The initial mental representation, called forth by the peripheral stimuli, awakens asso-

ciations which always vary according to the actual mentality, whether native or acquired, of the subject. This is why the reaction varies from one individual to another, and in the same person, according to the feelings of the moment.

The idea which is at first simply cognitive, intellectual, and cold, becomes a feeling, a psychic emotion. Ask me why and how, and I will tell you: I do not know. It is begging the question to say: Because it wakens feelings of fear, or sorrow, or anger.

Man is so made that he has feelings, just as he has ideas, or, rather, he has in his head only ideas, some purely intellectual, which do not stir him, others which awaken a series of associations of ideas and profoundly disturb him.

When we dwell on any subject whatsoever we form an opinion. This intellectual work, however intense it may be, is free from emotion. Suddenly an association of ideas wells up; we see at a glance that to express a certain opinion would anger a rival, and lead him into a discussion. We are in the presence of danger, and immediately we experience a whole series of feelings. They are such feelings as might be accompanied by tears, heart beats, and gestures which let loose the emotional storm.

Undoubtedly, if this latter state of affairs is totally lacking, if there is not the slightest physiological disorder, then emotion is lacking. The partisans of the physiological theory argue from this fact, in order to give the greatest importance to these organic reactions. But it is not because we have not felt our tears and experienced our palpitations that the emotion is absent; it is, on the contrary, because we have not been psychically moved that our eyes have remained dry and that our heart has preserved its normal rhythm. I grant that the vague experience of these organic disorders that occur so quickly can react in its turn on our ego and contribute to the reinforcement of the psychic emotion, but I hold that it is a secondary phenomenon.

I am astonished that the innovators of whom I have spoken have expressed their theory with so little circumspection. If they had simply said, the emotion of which the subject is con-

scious, as well as that which others detect in him, is in part due to the vague experience of physiological reactions that are set going by the emotional idea, nobody would think of protesting. But it is going quite too far to say that the emotion is nothing but the result of this experience.

In the last analysis man experiences emotions. This ultimate phenomenon is psychic and irreducible. Why should it occur more easily because we have vaguely noticed our heart beats and the tears in our eyes? Why should it not follow directly, as one idea follows another, the mental representation of the death of some one we love? To pretend that we weep first, and that we are moved afterward, is, as our authors naively acknowledge, to wound common sense, the guiding quality of intelligence.

The first characteristic of emotion is, to my mind, its ideogenic origin. Then follows the irradiation of the stimulus to other centers, the wakening of previous mental representations that are instinctive or acquired, creating *psychic emotion.* Then follow the physiological manifestations of the mental condition in the form of actions, which are always consecutive to the idea.

These physiological reactions can not have taken place without a new centripetal rush of sensations, which may, in their turn, become distressing. They reinforce the psychic emotion; they may occur even when we have already gotten over the effect of the fact which started the first emotion. New emotions may result from them, such as that of the shame or vexation which we experience from having let ourselves be ruled by fear or anger. This whole succession of feelings constitutes our psychic life, and it is ridiculous to try to explain it all by vasomotor reactions.

But, it may be said, certain emotional movements occur without the participation of the idea, and with such rapidity that one would be tempted to see in them merely a simple bulbar function, which, independent of the thinking ego, dwells in the higher parts of the brain.

In short, this is what occurs in fear under all its forms, from timidity to terror. Fear is common to all animals, even

the lowest, to which we can ascribe only a very limited psychic life.

This springs from the fact that fear, within certain limits, is an eminently useful emotion. It is the cry of alarm uttered by sentinels the instant they perceive the approach of danger. The psychic emotion takes hold of the guard-house, and clears it for action by virtue of its motor reactions. These are the last manifestations of which the lookers-on are conscious, and which, perceived at the same time by the soldiers, are bound to stir up in them more agitation and add still further to their excitement.

This sensibility, this active emotion of fear, is so necessary for the defense of the organism that it has become so mechanical that it seems as tho it might be confined to the medullary centers, or lower brain areas, without passing through the thinking ego. This would be an economy of time, but this active emotion still remains so closely connected with mental representation that it ceases immediately in man and in a higher animal from the moment they recognize the foolishness of their fears. The child has no longer any emotion when he finally recognizes his brother, in some disguise which has frightened him, or when he sees his friend playing quietly with a dog of which he has been afraid. He does not fear to go into a room because it is dark, but because he has a mental representation of danger. He is afraid, and tries to save himself.

The repetition of an emotional movement facilitates its automatic reproduction, and the more the reaction is established in the lower centers the more it escapes from the control of the psychic ego. It is a little like what goes on in a factory, where the director at first knows all about everything, even to the least important details. Little by little he ceases to interest himself in these, and gives up certain cares to his faithful employees. He almost forgets that they are being attended to, but, nevertheless, he has not abdicated; it is always he who directs affairs.

One may, in some cases, clearly detect this transformation of the psychic emotion into a phenomenon that appears to be

purely reflex. A physician whom I attended was suffering from depression, in which he was overwhelmed by fears on the subject of his position in the future. He would experience keen emotion on opening the daily paper in which he expected to find important news. At such times he was aware of a trembling in his lower limbs. This emotion recurred every day for some weeks. Little by little, however, calmer reflections intervened; the patient could read his paper quietly, even while looking for the news which interested him. "It is curious," said he to me one day, "I am no longer conscious of any psychic emotion; it seems to me that I have conquered myself, and that I have become indifferent to that question which troubled me so. Nevertheless, the moment the paper is brought to me, I immediately feel the trembling in my legs!"

The psychic emotion was certainly still there. The newspaper had no more to do with it than so many sheets of paper. He could be moved only by the mental representation of what he was going to learn. The emotion was still ideogenic, but it had passed so often along the same channel that the ego had lost interest in it, and it was left to act upon the lower centers. In such a case it is only a sort of distraction of the thinking ego.

The young pianist strikes the notes consciously and with effort, and his playing is slow. He only plays easily when the ego is dissociated from this mechanism, and relegates to the spinal cord and to the medulla the task of securing this automatism.

If, then, by individual habit or racial instinct, the emotion of fear can become subconscious and limited to a medullary mechanism or to lower cerebral centers, it is no less clear that it is always ideogenic in its essence, since it is necessary to have a more or less distinct idea of danger to produce it. Suppress the idea of danger and the feeling of fear which is connected with it, and you will surely cut short an emotional movement.

These considerations have not only the interest which attaches to all psychologic study, they are of great importance in the treatment of nervousness. Patients have only too ready

a physiological conception of emotion, and are tempted to consider it as a somatic reaction of *their nerves.* They forget that a perception only produces an emotion when it awakens the association of disturbing ideas. The impressionability of the subject is mental; it may be diminished by education.

Nervous patients show to an extreme degree this exaggerated emotional tendency, which renders them incapable of bearing what life brings to them. The slightest happenings are catastrophies for them, the smallest failure discourages them. They are not content with magnifying the obstacles which rise before them, and drawing back at the sight of these; they create emotions, in themselves very real, alas! but excited by the imagination. They are overcome by a telegram without having learned its contents; they read between the lines of a letter, and ascribe to any occurrence whatever the least probable and the most terrible causes.

I am struck, in the case of my own patients, with this inability to see things clearly, to classify, according to the order of probability, the suppositions that they can make. An expected letter has not come. Very well; they do not stop to think that the time that has elapsed is too short to permit of a reply, or that there could have been some fortuitous delay of no importance. No; the mind jumps, without any hesitation, to the most alarming and the least possible hypothesis. I have no reply, therefore the person is sick; others do not hesitate to say, dead, and the emotional storm is let loose.

Many persons allow themselves to be impressed by all the sensations that they experience. Some functional disorder which would leave a well-balanced person wholly indifferent strikes them with fear. If they have a palpitation of the heart, they immediately dread imminent syncope; a sensation of vertigo makes them fear for their head. They are afraid of all diseases; they are often even afraid of fear. This is so frequent that physicians have invented the term *phobophobia.*

It is the subject himself who thus calls forth the specters which terrify him; and we recognize in it that human suggestibility, that credulity, which reinforces, even creates, our sensations, and causes, by simple conviction, whether accom-

panied by emotion or not, functional troubles, and reactions that may be sensory, motor, vasomotor, glandular, or trophic.

I have said that this suggestibility, which magnifies fatigue, increases our sensations tenfold, and forms the constant basis of our emotions, is exaggerated in patients suffering from the psychoneuroses. This is true if one compares the reaction of a sick person with that of a healthy man undergoing the same effort, or sensation, and the same emotion; and not a day passes but what the physician can and should show his patient how much these reactions overstep the normal limit.

But in looking at the question of suggestibility in a more general way, I have a feeling of very kindly indulgence for nervous people, and I find them more excusable than the well man. Just think! The majority of men are so suggestible and so credulous and—let us say it right out—such ninnies as to succumb, in a few seconds, in broad daylight, to the suggestion of sleep, and this at a time when they have not the slightest need of rest. We see them under the influence of the suggester turning into regular puppets: they become cataleptic; their skin, and even their viscera, become insensible; a doubling of their personality may be produced; they are made delirious. Think of the superstition which still reigns in all social strata, and the difficulty which the majority of people experience in overcoming their fears by calm good sense.

Is there any reason to be astonished if nervous patients believe in the reality of their sensations; that is to say, if they experience no doubt concerning the relations of cause and effect, which they have established often after a series of prolonged experiments, between two successive phenomena?

It is always irrationalism, or the absence of a critical spirit, which encourages us in error. That malicious hobgoblin, autosuggestion, becomes a part of our life and works mischief with our days.

There are no moments of our life when we may be sure of escaping from this slavery to our mental representations. Bernheim has very well said: "Not everything is suggestion

in this world, as I have been told, but there is suggestion in everything."

If one has really grasped the power of the idea, it will be seen that of the four mental stigmata which I have attributed to the psychoneuroses, suggestibility forms the most marked defect. This it is which exaggerates the tendency to fatigue, the sensibility, and the emotions. It is this credulity, this facility in receiving impressions, of *believing that it has happened,* that characterizes nervous people. Their irrationality is a mental weakness which, even when not due to ignorance, in which case it is pardonable, may coexist with marked intelligence. Do not let us be too lavish with our reproaches of the follies of others, but let us remember our own weaknesses.

But if I assign to autosuggestion so important a part in the development of nervous symptoms I do not forget that there are no mental manifestations without cerebral work, and I attribute a great influence to the true fatigue which follows all emotions.

The nervous patient is, in fact, in a vicious circle. His mental condition makes him subject to magnified and multiplied impressions. The result is a greater fatigue, which proceeds to exaggerate still further his mental impressionability.

Do not let us forget that fatigue acts on the mental disposition; that it creates pessimistic states of mind; and that, no matter what its source may be.

Fatigue may be due to three causes. It may result from physical exercise. As a rule, this fatigue is not dangerous, and it has to be pushed to such an extreme as to result in exhaustion before it gives rise to those psychopathic states which are indicated by Tissié and Féré. It is healthy, this genuine physical fatigue; it makes the heart beat more energetically; it accelerates respiration, oxygenation of the blood, and transpiration. It favors organic depuration. And, in short, with all these advantages, it is not to be feared, because, laziness being natural, we stop working a long time before it could possibly be hurtful. Athletics are also to be recommended, altho their value may have been exaggerated.

Fatigue caused by intellectual work is less hygienic. In-

tellectual work demands a sedentary life and a sitting posture; it chills the extremities by bringing the blood to the head. This mental activity is necessary and useful for our intellectual and moral development. We ought to be men and not athletes, and our superiority should be mental in its nature. Here, again, what saves us is our pure laziness; it hinders us more often from being dangerously overdriven, and, for my part, I have not yet seen any nervous patients who can attribute their condition to simple intellectual overwork. In short, as Madame Schwetchine has well said, work is the thing that fatigues us the least.

Nevertheless, as Déjerine [1] remarks, intellectual work plays havoc with us when it is accompanied by worry.

Then there is an emotional and passionate element connected with it, and it is in this emotion that we must recognize the most serious cause of nervous fatigue. Such fatigue has no advantages; it is never useful. It is harmful in the highest degree, and it is that from which we most often suffer.

Naturally it is impossible for us completely and persistently to avoid this emotional fatigue. We must undergo in life certain misfortunes and very keen annoyances, which we can only meet with imperturbable stoicism. But catastrophies do not happen every day; however unfortunate one may be, there are some moments of respite which allow the organism to recover its strength.

But imagine what happens when the subject is endowed by nature and education with a sickly impressionability, when he is morally so thin skinned that he feels pain from the slightest graze.

In this state of moral hyperesthesia he is swept by his emotions every day; he is loaded by misfortunes which, altho they be imaginary, have, none the less, the unpleasant consequences of emotional outbreaks.

An emotion tires the organism, and particularly the nervous system, more than the most intense physical or intellectual work.

---

[1] *L'hérédité dans les maladies due système nerveux.* Paris, 1886.

Terror or anger is enough to provoke a stroke of apoplexy; to lead to syncope; to paralyze the limbs; to bring on an attack of madness. Simple ill humor, caused by those who surround us, can take away all our enthusiasm and our energy. And let us note the fact that if the conduct of others has been the cause of our emotion, it is really we ourselves who have created it by the manner in which we have reacted.

On the other hand, a pleasant word, a reconciliation, an optimistic reflection, can give us strength. But, however rapidly we may get over our ill humor, we can not help but feel that the psychic and organic disturbance which we have allowed to sweep over us has been profound.

It seems to me that, under the influence of the absurd Cartesian dualism, the body and the soul have been placed altogether too much in opposition. We must get back to a more complete monism. There are no somatic phenomena, however slight they may be, that have no influence on our mentality; and, above all, there is no movement of the mind without its echo on the organism.

We are only able to detect in ourselves and in others the most obvious phenomena. Moreover, we see emotions that are wholly diverse expressed by the identical phenomena of blushing, growing pale, or by ordinary gestures. We see tears accompanying smiles as well as sobs. These are gross, macroscopic reactions. But there are more delicate and less perceptible phenomena, which, under the influence of an idea, present themselves within the very tissues themselves. It is this microscopic psychophysiology that should be studied in mental pathology.

If we can, by a healthy philosophy of life and by moral hygiene, suppress this toxic element of emotion, we shall rid the greatest physical and intellectual fatigue of its harmful influence.

In all my patients I have detected the influence of emotions, of worry, and of passionate outbreaks. I have everywhere been able to see that the original cause of the trouble lies in the native mentality of the subject, and in those peculiarities of his character which have not been sufficiently overcome by

clear and reasonable convictions. I can not treat my patients without having recourse to psychotherapy.

Moreover, the patients themselves have no difficulty in recognizing these truths, but they obstinately excuse their condition by arguing the impossibility of changing their temperament. Their habitual reply is: "It is stronger than I; I have always been like this."

Yes, I know it; we preserve our temperament throughout our whole life, just as we keep our physical blemishes; but we can modify it greatly by educating ourselves. Our physical deformities are often definite, but our mentality is always malleable. It is our duty to transform our inner temperament into an acquired character. This task devolves upon all of us, whether we are sick or well.

CHAPTER XIII

Psychasthenia: Congenital and Not Acquired—Absence of Any Dividing Line Between the Normal Mental Condition and Insanity—Clinical Forms of Psychoneuroses—Neurasthenia: Its Characteristic Stigmata: Physical, Intellectual, and Moral Fatigability—Exaggeration; Significant Contradictions—Mental Instability—Somatic Symptoms Due to Fatigue

I HAVE shown that in nervous patients there are found certain mental peculiarities which, by reason of their constancy, may be called stigmata. This mental state is not secondary and dependent upon various functional disturbances of the organs of vegetative life, as has been too often believed. The mental defect is, on the contrary, primary, and it is by means of mental representations and autosuggestions, giving rise to emotional outbreaks, that the subject creates numerous functional disorders, and nurses them along, or aggravates them. These stigmata are the index of weakness, and, as I have said, the psychoneuroses should by right be placed on the list of the psychopathies.

This psychasthenia is always congenital by virtue of that heredity which outlines the characteristics of our brain, and, from this point of view, we have no reason to look for acquired psychoneuroses, occasioned, more or less suddenly, by overwork, emotions, traumatisms, or slow deterioration in the organs, brought about either by diathetic tendencies or by intoxications.

Unquestionably we often see sick people who tell us that they once enjoyed good health, and trace the beginning of their illness back to a certain date. But if we take the trouble, by lengthy and frequent conversations, to scrutinize the mental past of these patients, and to analyze their previous state of mind, we find no difficulty in recognizing that, long before the

development of the actual trouble, the mental stigmata of neuroses were traceable, and the event that brought on the acute symptoms was only the drop of water that made the vessel overflow.

Sometimes the troubles of which one learns the existence in the past are actually functional: the patient has had headaches; has been obliged to stop studying; he has had dyspeptic symptoms and symptoms of enteritis, or he has had a tendency to insomnia. In many of these subjects one detects an abnormal sensibility, a tendency to tears, or else a precocious development of sexual instincts from the earliest years of childhood. Often, after having first said that he has always enjoyed good health, the patient will admit that he has had a characteristic attack of nervousness or of neurasthenia, which, on account of being absorbed in his present trouble, he had forgotten to mention. But above all, while gaining a knowledge of the personality of the subject, you will find the mental predisposition characterized by a certain illogicalness, by a tendency to hasty conclusions, and by a lack of judgment which is always a fertile source of unhealthy autosuggestions.

The patients often make this analysis of themselves with more rapidity than the physician. In all cases, the majority follow with the greatest ease this dissection of their mental make-up, and conclude, with uneasiness: "Then I am suffering most of all from weakness of mind."

Do not be afraid to say yes; but do not make this acknowledgment without further qualifications, for fear it should both hurt and discourage the patient. He should know that all of us are, on some point or another, mentally weak, that nobody can flatter himself that he possesses complete mental equilibrium. We all have a fragmentary intelligence, and, however brilliant may be the qualities of our mind, we shall always find in some corner of our soul a weakness, a rebellious defect, against which our reason is often powerless.

Between the conditions which we call normal and that of confirmed insanity there is no definite line of demarcation. It is impossible to make of pathological states of the mind morbid entities; to classify them, according to their symptology,

in distinct compartments, separated one from another. On the contrary, there is a blending of tints, as in a damaged photograph, which shades from clear white to the deepest black. No one can aspire to take his place in this pure white zone which represents inaccessible, ideal health; we are all in the grayish white or the light gray. The nervous patient who consults us may take comfort; he is not so far from us as he thinks. Let us meet him half way, and frankly acknowledge to him our weaknesses and our inner defects; let us get nearer to him. Let us recognize his good qualities, and show them to him; let us teach him to make an optimistic inventory of his mentality. Then he will pick up courage; the specter of insanity, which had hitherto haunted him, will vanish. He will no longer live in fear, after it has been proved, that his mental weakness is only comparative, and that he is in such a numerous and excellent company. As patients and physicians we can shake hands, for we have all a common task, which is that of recognizing our continual tendency to weakness, and of remedying it by the persevering cultivation of our intellectual and moral ego.

I wish to especially emphasize this point: that the mental stigmata which I have enumerated are common to all the psychoneuroses; but there are in this class some distinct clinical forms which admit of a slightly different prognosis; and while we continue to recognize the common characteristics, we ought to consider separately *neurasthenia, hysteria, hystero-neurasthenia, the class of degenerates* or *unbalanced persons,* and, lastly, the most severe forms of *hypochondria* and of *melancholia,* which undoubtedly encroach upon the domain of psychiatry, properly so called.

Neurasthenia is the mildest form of these psychoneuroses. It is the form which most nearly approaches the so-called normal condition. According to Mœbius, it is the original source from which may be derived by further development, whether in the same individual or in his descendants, hysteria hypochondria, melancholia, and insanity.

I recognize the fact that in certain families we may actually trace this progressive degeneracy, and may often find neuras-

thenia in the genealogical tree of the insane, or, inversely, insanity in the ancestors of neurasthenic patients. There is a bond between these different affections. I have already sufficiently indicated this in defining the psychoneuroses. I know also that neurasthenia, altho slight at the start, may be merely the forerunner of a more serious affection, and develop, in spite of all our efforts, into insanity. But I am still more struck by the favorable aspect which this disease presents, even in the forms which appear severe at the start. Neurasthenia is at the bottom of the psychopathic ladder; it is in the gray of the blurred photograph, or on the outer border of the light gray in which we all are.

One finds in neurasthenic people the whole combination of mental stigmata, but the chief defect seems to me to be the *tendency to tire,* to become easily exhausted. Even the word *neurasthenia* indicates it, and the term *irritable weakness,* which we formerly used, characterizes perfectly the habitual condition of these patients. There are some who show, in all the departments of their activity, the insufficiency of their capital of energy. Even when they are of normal weight, enjoying normal good health, when they are young and well developed, muscular, and free from anemia, they complain chiefly of their weakness and their asthenia. They can not endure standing up, or sitting long in any position, or walking. Sometimes they take themselves in hand, and start off to walk, or to bicycle, or even to ride horseback; but you must not expect any long-continued effort from them; they are exhausted immediately, especially if the task is imposed upon them by some one else. There are some who collapse at the end of a few minutes, who lie down upon the ground and can not even get up strength enough to regain their bed; there are others who never leave their bed.

If, as often happens, this condition is accompanied by disturbances of the visceral functions, by gastrointestinal dyspepsia, by palpitations, and by insomnia, one has the impression of being in the presence of a disease that is entirely somatic, of an amyosthenia brought on possibly by malnutrition. If it concerns a woman, the gynecologist lays the blame to a retro-

flexion or to an inflammation of the uterus which he claims to have found. The stomach specialist sees nothing but dilatation, ptosis, enteritis, and muco-membranous colitis. The savant, whose glance is downward, but cast from the summit of a tower where that glance can not sweep the whole horizon, will speak of gout, rheumatism, arthritis, herpes, or of cholemia.

But the asthenia is not limited to this apparently physical muscular weakness. The patient is intellectually in the same condition as he is in regard to muscular exercise. He can not read for any length of time; he can not fix his attention. The slightest effort brings on headache, neuralgia, or insomnia. This fatigue disturbs the digestion, causes palpitation, gives rise to the strangest sensations, and renders the behavior irritable and gloomy. And we find the same asthenia in the moral domain. The insufficiency of potentiality shows itself in the functioning of the entire being; the powerlessness is physical, intellectual, and moral.

And always, in spite of the distinctly psychical character of many of the disorders, it is the abdomen that gets all the blame; this it is which brews all these *humores peccantes* (the shade of Sganarelle just passed before my eyes), which changes the cerebral functioning. And then we have complacently described to us genital, gastric, hepatic, arteriosclerotic, gouty, and arthritic neurasthenias; the arterial tension is measured, and the neuroses are classified as hypotonic and hypertonic. The list of these adjectives will become interminable if we continue to take exciting agents and concomitant affections for first causes, and if we will persist in seeing in the psychoneuroses somatic diseases, in the narrower sense of the word.

The whole aspect is changed and becomes clearer as soon as one recognizes the influence of congenital predisposition and of natural and acquired mentality.

Undoubtedly this mental debility is psychic in its essence, for what we call mental constitution is the same thing as cerebral structure. The defect may perhaps be of humoral origin, for the condition of the blood can influence our mentality.

But it is certain that as yet we have not the slightest idea of the structural or chemical changes which modify our thinking and feeling ego. It is a childish conception to look for their origin in a simple functional disturbance of our splanchnic organs and to attribute everything to the chemical phenomena of delayed nutrition, to anemia, plethora, and insufficiency of the hepatic functions. These are the illusions of laboratory workers, who, having discovered a little chemical truth, take as corner-stones the grains of sand which they have brought to the building. One forgets the chasm which separates even modern physiology from the clinic, and the ever-precarious theory from practise.

A person is not neurasthenic in the same way that he is phthistical, uremic, cardiaopathic, but he is neurasthenic just as he is lazy, undecided, timid, irritable, and susceptible. Tell me, please, what organic chemistry can explain these peculiarities of our psychic being? What is the toxin that makes of a poetic genius a Sadist or an invert? Do we bestow energy upon a patient who has lost his will-power by injecting glycerophosphates into him, by washing his blood with mineral waters, by making his cutaneous vessels contract by a cold douche, or by nourishing him exclusively on pap? No! It is a question of mental conditions and of psychic peculiarities. These can be fostered and aggravated, I know, by influences which are entirely somatic; for we have here an instance of the well-known influence of the physical over the moral; but they can be equally influenced by educative efforts.

I have said that by virtue of psychophysical parallelism this influence, however moral it may be in its origin, ought to be regarded at the same time as material, but it deserves the name psychic, because the cerebral cure is brought about, not by the great physicochemical antidotes, but by the powerful means of mental representations. The therapeutic impulse is idiogenic and not somatogenic.

What are the facts which lead the physician, not, indeed, to deny the existence of physical, intellectual, and moral asthenia, but to attribute it to psychic causes, and to admit the intervention of autosuggestions?

The first is the very exaggeration of this asthenia. The weakest invalid and the most emaciated convalescent do not reach such complete states of exhaustion. There are neurasthenic persons who at the consultation let themselves go all to pieces and flop upon the sofa. To see them one would believe that one was looking at a patient in a dead faint or exsanguinated. However, the pulse is strong, regular, and of normal frequency; the respiration is normal, or a little hurried, by reason of anxiety; the skin is normal in color, the muscles are well developed, and there is no trace of paralysis. The helplessness of the man is in striking contrast with his perfection as an animal. The physician recognizes this contrast in a moment, on the briefest examination, and, coordinating his rapid observations, bases upon them his conclusions, whose correctness is in no wise compromised by the rapidity with which he reaches them. There are, unfortunately, physicians who do not possess this perceptive glance and who let themselves be deceived by appearances. I have had patients hurriedly brought to me, on the advice of some physician, by the proprietor of a hotel who feared their decease in his establishment. I have let them rest there quietly, with the absolute certainty that they were not going to depart this life.

The exaggeration which appears in cerebral fatigue is the same as that in the fatigue of the organs of sense. One finds it in the asthenopia of neurasthenics, in their incapacity to read or to fix the attention. How can we believe in the reality of an asthenopia in a patient who declares himself incapable of reading a single line of a newspaper, and who, when it is a question of obtaining something that he wants, sees everything that he wishes to see, both near and far, and even writes letters?

And, indeed, we recognize also in the moral domain this consciousness of helplessness, and the trivial ground on which the patient feels discouraged indicates the exaggerated degree of nervous reaction. What can we say of these neurotics who sink into despair when their milk has been brought five minutes too late, who throw themselves down into a chair in a paroxysm because their regular physician has made a call

without being announced? This emotion is enough to throw them into a state of nervous apoplexy! Meet these patients with a kindly smile, but, believe me, there is no need to be alarmed about them!

One detects also in the majority of nervous patients surprising contradictions. Thus, when they have just told you that it is impossible to make such and such an effort, they show that they are quite, if not more than, equal to it. This was the case of a physician who, believing himself completely exhausted, immediately traced for me an ergographic curve which was above the average.

One of my patients showed these contradictions most completely. Lack of motor power was only manifested in her in the muscular group to which she directed her voluntary attention, and disappeared immediately when the movement was performed unconsciously. Thus, when I asked her to sit up in bed, she only allowed herself to raise her head a few centimeters, saying: "I can not." She made no effort whatever to raise her body. When she was urged to try, her helplessness increased, her face became sullen, and tears gathered in her eyes. Then it was necessary to help her a little to raise herself, to give her a hand, so that she could sit up in bed. After the examination was over she laid herself down, without letting herself fall back, by leaning slowly backward by degrees, thus making a muscular effort that was at least equivalent to that which she had hitherto been besought in vain to make.

If I asked her to bend her forearm on her arm, she could not do it, and only succeeded in bending her hand on her forearm. But when I told her to raise her arm, the suggested helplessness passed into the crown of the shoulder, and, without noticing it, the patient helped this movement along by the flection of the forearm on the arm, which she had not been able to execute before. All movements that she was told to make seemed impossible so long as her attention was fixed on the muscular masses where she expected the contraction; they became easy if her attention was drawn to another muscular group.

In a case which M. Prof. Déjerine described to me, one of his patients was not able to use her arms at all for the slightest work; she could not lift the smallest object, and her arms would fall as if paralyzed. But this same patient performed without any difficulty the tiring task of raising her arms to do her hair. Why? Because she had an hyperesthesia of the scalp and would not allow her hair to be dressed by her maid! This fear was enough to dispel the amyesthesia.

I have detected another contradiction in some patients. They used to say that they were incapable of bending the foot backward, and really the voluntary effort did not seem to accomplish anything. I then electricized the anterior tibia with a faradic current, causing a rhythmic contraction every two seconds. All at once I stopped pressing the button, and the patient continued her dorsal flections without the help of the current. An orthodox electropath would interpret this fact as proof of the dynamogenic action of induced currents. Well, no! It was enough for me to call the patient's attention to this phenomenon and show her that she had been caught in the very act, in order to do away, once for all, with this conviction of helplessness, which had really rendered her helpless.

Such of your patients as tell you that they can not stand the fatigue of walking will dance the whole night without even perceiving the disproportion between the two muscular efforts.

The same contradiction may be seen in the intellectual aspect of such disorders. One of my patients, an intelligent young woman, told me that she was not able to give her children a quarter of an hour's lesson. She wanted to devote herself to this task, but at the end of a few minutes, she said, she would be taken with headache. I accepted without any objection the fact which she mentioned. The next morning when I asked her what she did when she spent her days in bed, she replied ingenuously: "Oh, I read the whole day long!" I smiled, and the patient instantly colored, for she saw at once the contradiction which was set forth in these two successive assertions.

I have seen men who were formerly energetic and hard

workers fall into a state of complete intellectual exhaustion. Their lack of power seemed so real that I did not see any other solution than immediate vacations. But it was impossible under the circumstances; they had to go on. Well, I was able, in these cases, in an hour of friendly conversation, to dispel the discouragement and debility, more moral than physical, which caused their psychasthenia. I saw these patients take up the work which seemed impossible to them and carry it on successfully.

I have observed patients who could not read, not because they were unable to fix their attention on a given subject, but because the letters danced before their eyes. This asthenopia disappeared when they wrote, not only when they scribbled a letter, but when they undertook a work of arduous composition or editing. It was necessary, however, to read what they wrote, and there was triple fatigue in this work: cerebral, ocular, and muscular, while diverting reading of one kind or another would seem easy.

I do not say that all neurasthenics show these surprising contradictions. There are a great many in whom the incapacity seems more regular, of whom one would not want to say that it might be more real. But it is almost always possible, by an attentive analysis, to separate the nucleus of true fatigue from the shell of autosuggestion. The physician can, by suggesting different movements, while turning the attention of the patient and observing him unknown to himself, catch him in the act of unconscious simulation, if I might so call it.

And in dyspeptic troubles how many contradictions the patient often indicates himself by saying: "One day I can manage a hearty meal, the next day I suffer in spite of the care which I have taken to eat nothing but light food."

It is not rare to see headaches disappear by reason of a distraction, or a pleasant visit, even when the patient feared, more than anything else, the fatigue of conversation.

The psychic nature of various kinds of loss of power is often disclosed by the strangeness of the causes which give rise to them or aggravate them.

One of my patients, who for twelve years could not remain standing for any length of time, could still pass from one room to another, but his limbs would slip away from under him if the handle of the door did not yield easily to his pressure. There was no material connection between this difficulty of opening a door and the act of standing. But the patient found an obstacle in his way which would prolong the time that he had to stand, and, as he had a phobia for this position, his limbs refused to support him.

Another, attacked by a melancholic type of neurasthenia, called my attention particularly to his sensitiveness to light, and said to me: "When I am at the window, and a ray of sunshine lights up my book, I feel well and happy and lively; but if a cloud passes over the sun I fall back into my state of anxiety."

And this patient insisted that it was the suppression of the sun's rays which acted physiologically upon him. "Not at all," said I to him, "these reactions are established by means of the mind. There are in our understanding some ready-made associations of ideas, such as sunshine-happiness, shadow-sadness. It is this group of previously coupled ideas which comes into the mental mechanism. This is so true that you will find that you can read with perfect mental equanimity when you comfortably sit yourself down in the shadow of a wall where you are sheltered from the sun's rays. It is only the *idea* of the cloud which casts its shadow over your soul."

A patient, who showed himself rather skeptical on the subject of my theories concerning the intervention of ideas in our sensations, said to me one day: "I will point out to you to-morrow a phenomenon which occurred in my personal experience, and I shall be very much surprised if you can discover any psychic influence in it." The next day he narrated to me what follows:

"I was obliged, several years ago, to do some gardening, and, in particular, to carry some potted geraniums over to another flower border. Following this work, I was taken with an agonizing cramp in the region of my stomach. I soon discovered the reason of this strange sensation. It was the red

of the geraniums which brought it on, and I have, since then, had certain proof of it. Bright red always produces this effect upon me, and the reaction is just in proportion to the intensity of the red; so that if I take up a book with red edges the sensation is at its maximum when the book is closed, and it decreases if I lessen the color intensity by turning the leaves over!"

"My dear sir," I replied to him, "you could not furnish me with a more typical example of pure autosuggestion, based upon a hasty conclusion. I accept the fact that you have experienced this cramp in your stomach. Why, I do not know. I can not go into all that happened on that day. Perhaps it was physical fatigue that upset you, or the attitude of bending the body. Perhaps you had eaten something that disagreed with you. How do I know? In any case, it was not the red which could in itself have made such an impression upon your organs and caused this sensation. The fact that, since then, red has always acted in the same way, does not prove anything. You are under the effect of an autosuggestion, and, as a mental suggestion creates a sensation just as long as it is not dissipated by a contrary autosuggestion, you have persisted in what we would call your erythrophobia." "But," he objected, "the red rays, nevertheless, have much slower vibrations than the violet rays." "You are right; but you do not use your ideas of physics in the right place. The length of the wave of the red vibrations explains their feeble action on the photographic plate, but does not tell us anything of the action which these rays ought to have on our stomach or on our nervous system. You are caught in the net of your autosuggestions, a net which you have constructed yourself by the associations of irrational ideas."

He looked at me with a very skeptical air, but next day he spread out upon his bed a large red cloth, and assured me that the effect on his stomach had disappeared. One day, however, I found the patient in despair; he had thrown the hateful cloth away. He had another attack, but he announced to me himself that he was going to master his phobia, and he succeeded in fully doing so.

The same defective logic may be discerned in a host of abnormal sensibilities, and it is more useful for the physician to thoroughly get hold of purely mental phenomena than to study the gastric chemistry of a menu, to measure the patient's strength by a dynamometer, or to analyze his urine from the standpoint of various coefficients of excretion.

Neurasthenia affects chiefly the moral element in us, and appears most distinctly as psychasthenia, or mental depression and debility.

The neurasthenic patient is easily discouraged; he has no confidence in himself. His mental state is unstable; it undergoes continual variations, sometimes under the influence of secret causes, which it is impossible to analyze, sometimes under the influence of fatigue, or of various real or imaginary emotions.

What strikes us most of all is the inadequacy of the motives. Tragic events and great catastrophes do not, as a rule, determine the acute crises. Often nervous patients show a remarkable indifference under such circumstances, perhaps, because they have their interest too closely fixed upon themselves. It is the little pin-pricks that they can not bear—these numerous trifling vexations and the daily annoyances with which life is bestrewn.

Some are undecided and incapable of responsibility, and the necessity of taking part in some unimportant question plunges them into a state of melancholy anxiety. Often trivial events bring on an attack of depression, and immediately a tinge of sadness extends involuntarily, not only over the actual affair, but over the whole aspect of life. A failure in some little piece of work is sufficient to bring about this sudden change of mental disposition, and, *à propos* of nothing at all, the patient asks himself whether life is worth the trouble of living.

The so-called normal man may experience similar sensations. We all, when we are tired, allow at times the dark curtain of discouragement to unfurl itself too far. But we regain control of ourselves, and soon recover our smiles, sometimes a little ashamed of the ease with which we have allowed ourselves to be cast down. Sometimes we let ourselves be

suddenly cheered up by a trifling autosuggestion, which is at least beneficent, as do smokers, for whom a cigar is the means of diminishing half their troubles and doubling their pleasures. There is something of a psychasthenic element in this ease with which a man lets himself be comforted by a trifle. The neurasthenic person is still more variable in this matter of the moral attitude toward life, and it is toward the pessimistic side that he always leans. With him the dark curtain hangs very low, and he does not know how to raise it by a consoling reflection.

Certain neurasthenic persons are susceptible to the last degree; there is in some of them an element of "moral insanity," and the most kindly rebuke is a discouragement and disperses the good resolutions which they seemed to make. Often they harshly accuse their relatives, a wife, or a friend, of having destroyed their enthusiasm; they put a wrong interpretation upon the advice of their superiors; they read reproaches between the lines of a friendly letter; they believe themselves misunderstood and persecuted.

The world is full of these unstable, sensitive, and emotional neurasthenics, who are thrown off their balance by the slightest annoyance. Their weak reason has not the strength to oppose these real or imaginary troubles with a mild stoicism. Many find their only comfort in alcoholic drinks, morphine, cocaine, and chloral.

The nervous patients who intoxicate themselves are by no means people confirmed in bad habits; they are psychopaths, who physically and morally are subject to unpleasant feelings, and can not recover the sense of well-being, excepting under the influence of an intoxicant.

Suicide may even be the terminal event in the life of certain neurasthenics in whom weariness of life has been a dominating influence. This is not the act of a melancholic who is affected by a more or less sudden impulse; it is suicide by reason of discouragement, under the influence of a momentary moral suffering; suicide, where the patient quickly is brought to repentence if his attempt proves abortive.

It often occurs from the most trivial causes. This school-

boy hangs himself because he has failed in an examination or because he fears a paternal scolding. Another, a physician, kills himself by a dozen stabs of his penknife in his heart because he can not bear an absurd slander which has been spread abroad concerning him, even when, after the lawsuit, his honor has been vindicated, and he has been upheld by the esteem of his relatives and friends.

In short, the most characteristic thing about the neurasthenic is his mentality. The functional disorders which he experiences have nothing very special about them, and are often found in normal people. But, by virtue of his hypochondriacal mentality, the neurasthenic magnifies things and alarms himself. He is autosuggestible, sensitive, and emotional; but the dominant thing about him is his fatigability. It is in a large part autosuggested, dependent on a pessimistic state of mind, but it is also real, and always still more aggravated by the emotional fatigue which results from thinking about it. It is to this fatigue that I attribute, without excluding the always possible intervention of autosuggestions, certain unpleasant phenomena, such as those frequent headaches and spinal pains of neurasthenics which they call *pain in the back and head.* These phenomena may also be amenable to purely moral measures. I have seen a great many examples of them; but they yield more quickly when the element of fatigue is taken into account, and when psychotherapic treatment is combined with overfeeding, massage, and all the proper physical means for strengthening the body.

But while recognizing in neurasthenia the bodily symptoms which are in a certain degree amenable to hygienic treatment, I hold to the psychasthenic character of this affection.

Whoever wishes to treat neuropaths must first of all be a good clinician, in order to recognize the numerous organic troubles and to assign them their place; but he must also be a psychologist and moralist, in order to completely modify the mentality of his patient.

CHAPTER XIV

Hysteria: Its Characteristic Stigma is Autosuggestibility—Passional Attitudes—Natural Predisposition—Feminine Mentality—Mental Infantilism—Hysteroneurasthenia—Traumatic Forms—Anesthesias—Hysterical Fevers

The complaints of the neurasthenic do not astonish us. We have all experienced these feelings of weakness, and we might say that everybody is more or less neurasthenic. The same thing has sometimes been said of hysteria in the statement that all women, and a large percentage of the men, are hysterical.

But that is going much too far. Undoubtedly one finds in hysteria the same mental peculiarities as in the other neuroses. The hysterical subjects are nearly all eminently fatigable, sensitive, and emotional; we might say that they are all neurasthenic, but the symptomology of hysteria is strange and peculiar. We recognize at first in these patients something more than normal reactions simply exaggerated. There is something demoniacal in the clinical picture of this psychoneurosis. The organic functioning seems sometimes so astray that hysteria has been called the body's madness. The expression is not correct, for there is no insanity of the body, but it describes with a certain picturesqueness the peculiarity of the symptoms.

In neurasthenia I have pointed out as the principal stigma, fatigability, insisting upon the rôle that the mind plays in such fatigue. In the hysterical patient *suggestibility* is the dominant quality, or, more exactly, *autosuggestibility*.

The normal man is eminently suggestible, and when one realizes the effects of suggestion in the waking state, and reflects on the enormity of the suggestions which one can make

healthy men accept, one wonders how one can still speak of the exaggerated suggestibility of the neuroses.

But in general the normal man does not show this credulity unless he is in those psychological conditions which render the suggestions that are made to him more or less plausible. The weak-minded neurasthenic allows himself to be impressed by the numerous functional troubles, which he feels, as we all do, but which he magnifies on account of the hypochondriacal state that he is in. He also accepts easily favorable suggestions and encouragement. The hysterical person is more rebellious to heterosuggestion, while her autosuggestions are tenacious and bizarre. She—I say "she" because the woman is more subject to these symptoms—lives in a world of dreams, and in the graver cases that come within the province of the alienist the mental trouble amounts to hysterical delirium.

These patients are experts in the art of putting the stamp of reality, not only on their sensations, as in the neurasthenic, but on the phantoms created by their most vagrant imagination. While in the neurasthenics one can follow quite easily the genesis of the idea and the development of the phobias and establish a certain logic in the deductions, it is often impossible to trace the main thread in the phantasmagoria of hysterics. It seems as tho the autosuggestions were provoked by strange sensations, arising out of the depths of the organism, by a special pathological cœnesthesis.

Even in the normal woman there is some derangement in the psychic life; during the menstrual period there are special sensibilities which are foreign to the mentality of the male, and which we have never been able to comprehend. I am led to believe that the various vague, conscious or unconscious, sensations which pertain to the sexual instinct play even in the virgin of the most immaculate thoughts a considerable rôle in the genesis of hysteria. But they produce unhealthy autosuggestions only in the subjects that are so predisposed and in those of weak mentality.

Among the dramatic symptoms of hysteria one must include, first of all, the various kinds of attacks—epileptiform,

cataleptiform, lethargic, and choreiform, as well as palsies. These movements partake of the nature of passional attitudes; we are witnesses at scenes of mimic insanity which indicate the subject's mental state. It is often enough to observe the details of the convulsive movements and gestures to be able to guess the sentiments which have given birth to them, such as anger, fear, spite, and impatience.

Rythmic movements of the pelvis betray a lascivious state of mind, whether it is conscious or unconscious, in the most modest young girl as well as in the prostitute. Certain hysterical cries are only the culmination of rage or exaggerated demonstrations of spite. One recognizes fright in the attitudes of patients who have undergone violent emotion, often at the time of their menses. You will see them assume a sitting posture, cowering down in their bed as far as possible from the people present, fixing haggard eyes on the corner of the room, as if the prey of terrifying hallucinations.

It is not rare to find among young girls and young men semicomatose states, in which the patients remain stretched out on the bed, or sofa, or on the ground, perfectly inert, with jaws clinched and eyes convulsively closed. They have been irritated, or contradicted, and they are sulking.

It is in hysteria that one sees infinitesimal traumatisms, which would have no consequences for the healthy man, or even for a neurasthenic, lead up to paralysis, contractures, or various painful states which will last for years.

A young girl, for example, slips in the street and sits down violently on the ground. There is no lesion, no ecchymosis, no hematoma, but there results an hysterical coxalgia that is somewhat difficult to distinguish from true hip-disease. A boy twists his foot. There is no rupture of the ligaments and no swelling, yet in spite of the absence of lesions the foot remains painful for some weeks, the skin becomes sensitive to the slightest touch—so much so, that the patient can not bear even the pressure of the sheet or the touch of the hand.

The autosuggestive nature of the majority of symptoms is very well shown by the frequency of hysterical contagion. We have only to recall the epidemics of rhythmic chorea in

the middle ages. They have not wholly ceased, and not long ago we were able to observe, at Bâle and at Berne, epidemics of hysterical chorea in boarding-schools of young girls. At Berne thirty little girls were taken with articular pains and rhythmic movements of the arms. It was necessary to separate the patients in order to stop these attacks, which were purely imitative.

These facts offer food for reflection. It has often been said, and with reason, that there must be a neuropathic predisposition and provoking agents to bring on an attack of hysteria. But it is hardly possible that these thirty little girls, born of different parents, had all a special predisposition, and were all budding hysterics. I am, on the contrary, persuaded that the majority of them will have no further symptoms. It must have been the same with the women who took part in the saltatory or dancing epidemics in the middle ages.

These young girls found themselves in certain conditions of companionship and intimacy which created a psychological condition favorable to contagion, and they succumbed to it by reason of a weakness of judgment which is very natural at that age. Suggestibility has no limits in the normal child because of the insufficient development of the reason.

Adults who preserve this incredible suggestibility and become hysterical manifest thereby their mental debility. The hysterical woman has an infantile mentality, she suffers from psychic infantilism. The hysterical man, who does not, as a rule, show such skill in the creations of his imagination, has a more or less distinctly feminine mentality.

The hysterical person is not, as a rule, truly intelligent. Oh, I know that there has been much protest against this assertion, and that cases of hysteria have been quoted in persons of remarkable intelligence. I agree to that; but such patients have only partial intelligence; they have not the robust good sense which one often finds in uncultured persons, whose ignorance we often wrongly take for stupidity. I myself have found some rare exceptions to the rule: I have detected hysteria, in severe convulsive or delirious forms, in intelligent persons of a high degree of moral culture; but they had,

nevertheless, some mental obliquity, such as a wandering imagination, and a tendency to let the fool in their upper story govern them. A little balance, and they would have been poets. It is after the suppression of these accidents that I have noted their culture, but it was still to their reason that they owed their cure.

A true savant, or intellectual man, might be neurasthenic; he would never be an out-and-out hysteric; and it is precisely by making an appeal to his judgment, and to his logical faculties, that one can succeed in drawing him out of his neurasthenic condition.

The mental defect is decidedly more marked in the hysteric; the intellectual and moral debility is more profound than in the neurasthenic. Prostitutes, those unfortunates unbalanced by heredity and education, are often hysterical, and society, probably as a therapeutic measure, brands them with the hot iron of official regulation.

Boys, as long as they have the infantile mentality, can be just as hysterical as girls. I have often seen boys afflicted with hysterical paraplegia, aphonia, mutism, convulsive and delirious crises, in which the patient screams out, volubly pouring forth senseless words, often in an unknown language.

As soon as puberty has brought about a change in the mental state, and reason has begun to develop, hysteria diminishes in the male. The difference between the masculine mentality and the feminine is accentuated. The young man becomes less sensitive; he thinks more logically. The young girl, on the other hand, altho she may, as a rule, be more developed intellectually than the boy of the same age, remains sensitive; she obeys more readily the promptings of the senses than the motives of reason. The adult man has, as a rule, a more logical head than the woman. Moreover, he does not so easily become hysterical under the influence of the numerous little causes which are sufficient to make a woman hysterical.

But this mental disequilibrium occurs as a consequence of violent emotions and moral shocks. Various traumatisms—above all, railroad accidents—often bring on such psychoneuroses, which have been called *traumatic neuroses.* (One must

not use this word in the singular, for it is not a morbid entity that is described under this word.)

According to the predispositions of the subject, these may arise from the simple fact of a psychic shock, not only neurasthenia and hysteria, or a combination of these two closely related neuroses, but also hypochondria, melancholia, and various insanities. One might add the epithet *traumatic* to all these psychoses, or psychoneuroses, and thus indicate the fact that the accident has played the rôle of exciting cause.

Hystero-neurasthenia is the most frequent form of the disorder which results from these violent shocks. This psychoneurosis is particularly obstinate in the cases which originate in the mental anxieties incident to suretyships and lawsuits, by which the patient is kept in a restless condition. It is often incurable and, as in certain forms of nontraumatic hysteria, we are led to ask whether there may not be cerebral or medullary lesions.

It might be possible that the traumatism had directly produced mental deteriorations of this kind; it is also possible that the lasting neurosis creates little by little, by the repetition of functional disorders, certain changes of the tissue. Do not let us forget that in the slightest psychoneurosis we must admit an anatomical substratum, a structural change. What wonder, then, that, in the more serious forms, it becomes more profound and more lasting? There is an ultimate limit where the simple functional diseases pass into organic affections. On the other hand, we see incurable diseases, such as Parkinson's disease, and very serious maladies, such as Basedow's disease, occurring under the influence of an emotion which, at the beginning, could only alter the function.

The anesthesias which, as a rule, are considered as characteristic stigmata of hysteria, are difficult of interpretation. Such anesthesia sometimes resembles, in its localization and distribution, the loss of sensibility which results from cerebral, medullary, or peripheral lesions. Hysterical hemianesthesia recalls the symptomatic hemianesthesia of lesions, which are situated in the posterior third of the internal capsule. Sometimes it has even seemed, from the nature of the distribu-

tion of the anesthesia, as tho it were due to a root lesion, or to a lesion of the peripheral nerve trunks.

This question demands a more thorough examination. It would be of great importance in the interpretation of hysteria to know if it were really possible, without the patient's knowledge of anatomical facts, or any preliminary suggestion, this anesthesia can truly simulate that of organic lesions.

But, whatever may be its localization, whether it be complete and spread out over the entire skin, or whether it be unilateral, or in bands, or patches, this anesthesia is peculiar. Altho anesthetic in her entire body, the hysterical person can move about like a normal person, can do delicate needle work, which would be impossible if there were the slightest anesthesia of the fingers, due to carbolic acid, to pressure, or to cold. Patients affected with anesthesia from a lesion of a nerve trunk, as in a disease such as syringomyelia, can burn themselves without perceiving the contact with a hot body; the hysterical person takes good care not to do that. If surprised by a prick in the anesthetic region, the hysteric sometimes trembles in such a way as to make one doubt the reality of her insensibility.

There is the same contradiction in the sensorial anesthesias, such as in amaurosis, or hysterical blindness. For example: a certain patient who can not see one person can see his neighbor very well; one can, by a suggestion, make such and such a person, such and such an object, disappear before his eyes, or, rather, from his understanding. One can, by suggestion, make the impression fall on a sort of blind spot, the "*punctum cæcum*" (of Mariotte) of the understanding.

When I speak here of the "blind spot," I do not mean by that that there is, in the brain, a group of inactive cells congealed into a sickly torpor. I mean that it is the attention which is diverted, and I would accept the idea of Janet, who sees in hysterical anesthesia a sort of sensorial distraction.

I still believe in the purely autosuggestive nature of all these hysterical anesthesias. By verbal suggestion one can make them increase and diminish, or enlarge the field of visual perception. It seems as tho seeking for anesthesia created it,

for the hysterical person has no knowledge of any trouble with his sensibilities.

Thus Pierre de Lancre, that parliamentary counsellor of Bordeaux who himself lit the fagots around more than five hundred hysterical sorcerers, made the remark that the "*signum diaboli,*" on which he founded the proof of guilt, was not noted by the subject. *The sorcerers were completely ignorant of the fact that they had been marked until they had been examined.*[1]

We also find that our hysterics only have hemianesthesia when we examine them, and when we ask them if they experience the same sensation on both sides. More often we can work a transfer, not only by magnets and metallotherapy, but by some kind of a suggestion.

Undoubtedly, it is striking to see so many hysterics avow, at the start, without any hesitation, that they feel less on the left side, when other patients whom we examine in the same way do not experience any difference. One could really believe that there is a true torpor there, and not a suggested one in certain centers of perception. But let us take care! The autosuggestions are not born slowly nor based on conscious syllogisms; they occur instantaneously, by mental representations, whose development one can not always follow. The hysteric, rebellious to reasonable therapeutic heterosuggestions, is often incredibly sensitive to pathogenic suggestions. Her irrational mentality makes her prefer them, if I may dare so to speak.

Even before I had reflected on these problems, at the beginning of my career. I had the impression that it was not necessary to look for the symptoms of hysterics. To mention them was to bring them into existence. Thus it has been my habit to make, during the first few days in which I am interested in a case, certain useful tests, to jot down their results, and then I give up further examinations. During the rest of the treatment I do not look at the paralyzed legs, I do not ask whether there is sensation to the prick of the needle; I

[1] Gilles de la Tourette. *Traité clinique et thérapeutique de l'hystérie.* Paris, Plon, 1891.

take it for granted that these disorders no longer exist. And at the end of the treatment there is no longer either paralysis nor hemianesthesia—at least, in the great majority of these cases.

In short, in hysteria, as in neurasthenia, one must take into account the real fatigue of the nervous centers, which, on one hand, results directly from morbid states of mind, and, on the other, furnishes new food for autosuggestions. Here we have the eternal vicious circle, in which the neuroses travel. Their real ills give birth to their fears, and their phobias, and, on the other hand, their mental representations of a pessimistic nature, create new disorders. I admit that there are in hysteria very real functional troubles—ailments depending on physical causes, and painful sensations born of physical, intellectual, and emotional fatigue. But it is just as plain also that these sensations sometimes disappear with such rapidity that one is simply obliged to attribute a psychic origin to them, altho it may not always be possible to trace the association of ideas which has led to the final autosuggestion.

Thus we can hardly dare say: "We call those symptoms hysterical which arise through the medium of mental representations." I would not go so far; and, while accepting this definition in the main, I would limit it by saying that divers somatic symptoms can have an organic origin, and yet only be produced after the awakening of diseased autosuggestions.

I will remark, furthermore, that to obey these mental representations is not the exclusive peculiarity of an hysterical person. The neurasthenic, the hypochondriac, and the melancholiac fall into the same fault. We have already seen that, in the normal man, suggestibility is incommensurable.

It is useless to make an effort to give hysteria the character of a morbid entity, to separate it artificially from neurasthenia, with which it is almost always combined. It will often be found also in patients with evident hypochondriacal and melancholic symptoms.

Some authors have said that neurasthenia is male hysteria. It is false, if it is meant by that that hysteria does not exist in men. But there is some truth in this assertion. Nervous-

ness in the adult man takes the form of neurasthenia by the very virtue of his masculine mentality. The logical faculties are more developed in man, perhaps from the very fact of his physiological organization, perhaps thanks to the education which he has received. He does not accept absurd suggestions so easily, he is less demonstrative in the expression of his discomforts. On the contrary, he has not the habit of resigned suffering as strongly as the woman has; he is more easily discouraged, as is shown in the greater frequency of suicide among men. It is sadness, discouragement, unsatisfied longings, and lack of power which rule him, and these are the characteristics of the neurasthenic. The woman, on the other hand, has a more infantile mentality. She more often shows bravery in the face of physical and moral pain. And yet she feels keenly; she has more imagination, and submits more easily to the yoke of mental representations. Also, as I have said, one recognizes the characteristics of femininity in men who are decidedly hysterical, and the boy is chiefly attacked by this psychoneurosis before puberty, when his place is still in the women's apartments.

Tho mild in its lighter forms, which seem to connect it with the almost amiable nervousness of most women, hysteria may become severe and pass without transition into insanity. I look back to classic treatises for the description of innumerable symptoms of major hysteria. I take it for granted that they are well known, so I shall limit myself to general considerations. In the majority of these troubles the influence of mental representations can easily be recognized. Charcot has said: "We must take hysteria for what it is—that is to say, for a psychic disease *par excellence.*"

Among the symptoms of hysteria in which I have scarcely been able to recognize any mental origin or idiogenic influence I will note hysterical fever, a phenomenon that is more frequent than is generally believed. One often observes it under the form of fever with a temperature of 102-104° F., so that it is believed to be a question of an acute infection, such as typhoid fever, meningitis, an acute attack of tuberculosis, influenza, or septicemia. More often still it appears as a mild fever of

long duration, which persists for months or years. As the patients are generally thin and have short breath, with a diminished pulmonary capacity, and as they often cough and may have hemoptyses, the first diagnosis which one is apt to make is that of tuberculosis. When we have made this diagnostic suggestion our ears become more acute, and it then seems to us that the respiration is weak in one of the apices and that the expiration is prolonged; some day we detect a few râles, and we believe that we have elucidated the problem. But at the end of a few weeks doubts spring up anew, and auscultation gives such insignificant results that it is impossible to use them. Little by little the situation grows clearer, and, however skeptical we may have been concerning this "nervous" fever, we are obliged to admit its existence.

This fever strongly resembles the hectic fever of tuberculosis; the temperature reaches 100-100.4° F. in the evening, and sometimes exceeds this by several tenths. The variation between the evening temperature and that of the morning is generally not so great as in phthisis; also, the morning fall of temperature is not so distinctly marked by profuse perspirations. The morning temperature often exceeds 99.5° F. It seems as tho one had to do with a normal temperature, measured with a thermometer that registers a few tenths too high. The patients seem more indifferent to their fever than phthisical patients. They are often ignorant of the fact that they have any, and when some day the temperature rises a few tenths they do not detect any symptom which indicates an aggravation. I have seen this fever grow less under the influence of the menstrual period or a passing indisposition. There is an analogy in this to what happens to the pulse in Basedow's disease; one can see it decrease, and fall from 120 to 90 and 80, in the course of a streptococcus angina, or an intercurrent affection, even when the latter is febrile.

But all these peculiarities of hysterical fever are not sufficient to establish the diagnosis. It is established by exclusion and prolonged observation lasting for weeks and months, during which time the certainty of the lung's integrity is established.

Hysterical fever generally appears in the course of severe hysteria in patients who have convulsive attacks or vomitings, various pains or pareses, and who present the stigmata of hemianesthesia and narrowing of the visual field. But there are exceptions, and I have been able to observe hysterical fevers during several years in women who have only neurasthenic symptoms, in which impressionability, emotional states, and a pessimistic state of mind are paramount.

This fever can stop from one day to another, under the influence of a joyous emotion; it can disappear in the course of a psychotherapic treatment, without, however, the possibility of any direct suggestion of apyrexia. But there are cases where this fever outlives all nervous symptoms, and persists, even when the patients who might be called cured have taken up their habitual routine of life. I have had under observation patients who have kept up this strange fever for two or three years.

A judicious use of hypnosis can throw a little light on the autosuggestive genesis of certain symptoms in hysteria. It permits a somewhat unreserved inquiry, and leads the patient to make enlightening revelations. But it is necessary to have a great deal of prudence in this study, and, for my part, as I am always careful of agitating my patients and not letting them be governed by the imagination, I have not had the courage to practise this moral vivisection upon them.

Hysteria is more amenable than any other of the psychoneuroses to a purely psychotherapeutic treatment. It is in this very common affection that one observes those sudden, instantaneous cures which from the start show the psychic nature of the trouble. Even when the disease reaches the point of deserving the name "hysterical insanity" the delirium is not that of the insanities, properly so called; I do not hesitate to say that it is autosuggested. This is why one sees it sometimes suddenly and definitively stopped under the influence of a favorable suggestion. The hysterical patient is an actress on a stage, a comedian, but never reproach her with it, for she does not know that she is acting; she sincerely believes in the reality of the situations.

CHAPTER XV

Melancholia — Danger of Suicide — Hypochondria: Its Milder Forms Approach Neurasthenia — Insufficiency of Nosographic Classifications — Hypochondriacal Melancholia — Minor Hypochondrias — Periodic Depression of Lange

THE alienists sometimes shrug their shoulders when the neurologist uses the terms "melancholia" and "hypochondria." Their manner would seem to say: "This is our domain; hands off!"

I am always ready to give up to them the serious cases which require confinement in asylums, and I have no wish to question their ability in making a diagnosis and pointing out the prognosis. Moreover, I attribute great therapeutic value to a sojourn in the asylums; the patients recover their calmness there, and they are subjected to firm, gentle discipline which is eminently helpful in their cure.

But when, for the sake of information, we run through the classic treatises on psychiatry, we are somewhat astonished at the confused classification which we find there, and we have some difficulty in finding out what we want to know.

Among the morbid entities which we find therein described, the most distinct, and the most clearly outlined, is that of *melancholia,* which, in its classic forms, is easily recognizable.

Every one knows these patients plunged into the darkest depths of sadness, sometimes calm, sometimes agitated, who give expression to wandering ideas of ruin, both moral and physical. Their preoccupations vary. Sometimes it is their position in the world which is compromised: they have neglected their patrimony or their business, their wives and their children are in the deepest misery; sometimes they reproach themselves for their past life and their sins: they are lost

before God, they have failed in all their duties to their own people.

What strikes us, first of all, in these patients is the tenacity of these fixed ideas, when there is nothing to confirm the statements of the patients; and, also, the perfect preservation of the intellectual faculties, which permits them to reason logically on all other subjects. Sometimes the ideas that they express seem to have a certain substratum of truth, and it is difficult to tell whether their fears have any foundation and whether they are in the presence of real difficulties. This is the case with a physician who claims that his clientèle grows smaller day by day, of the merchant who says that his business is involved and that all he has will be lost. When one has no other information, we may wonder whether we have to do with a sick man or not. But more often the exaggeration, whether it be great or small, is evident, and the denials of relatives show the wandering nature of these preoccupations.

At other times the madness of the patient is recognized at the first word. Here, the mother of a family persists in believing herself six months enceinte, when she has her periods, when there has been no increase in the size of her breasts and no development of the abdomen, and when a physician assures her that the uterus is of normal size. Another, and one who is a virtuous matron, accuses herself of having had relations with her son, and of having led the life of a courtesan. Another patient claims that he is losing flesh and fading away, that he is nothing but skin and bones, when he is in a state of normal nutrition, or even fat. The results of successive weighings, which indicate an increase of weight, do not succeed in convincing him; and with an outburst of indignation, or commiserating pity for our blindness, he states no one has any sympathy with him. Another has no legs, no muscles, no heart (either moral or physical), no stomach; his brain is rotten, he smells the odor of putrefaction; he sees his coffin prepared, and witnesses his funeral preparations. But the terrible thing for the patient and his family and his physician is that the danger of suicide is in no wise in pro-

portion to the apparent intensity of the delusional idea. One patient who groans and walks up and down his room, a prey to unspeakable agony, will have not the remotest idea of suicide, while another, who with apparent calm tells you of his annoyances, or who complains only of gastric symptoms, will kill himself as he goes out of your office.

If these patients were seen only in asylums, if they were placed there immediately at the start of their illness, I would not speak of them here. But these unfortunates are often sent to the neurologists under a false label, chiefly the convenient one of neurasthenia. In many cases it is possible to correct this diagnosis and to resort to useful measures; often, however, it is unfortunately too late. I will cite a few examples.

A physician thirty years old was brought to me by his sister. He had been able to complete his studies without hindrance, altho he was somewhat slow. He had his diploma in his pocket. As his aptitudes did not seem very great, his teachers had advised him to establish himself in the country, where he would more easily find a remunerative clientèle. He did not follow this advice, and established himself in a large town, where, without any means of existence, he waited for a clientèle which did not appear. Then he became plunged in dispair, and wanted to leave his profession and go into the country as an agriculturist.

As I listened to this recital I could have believed that he had an attack of neurasthenia, sufficiently explained by mortification at his failure. But the appearance of the patient struck me. He had a depressed appearance and an unsteady look, and he was continually uttering little moans. His idea of doing agricultural work seemed to me absurd, as he was born in the city and was a complete stranger to country life.

I asked the sister to leave the patient alone with me, in order to permit a more intimate conversation, and I asked him pointblank if he had not had ideas of suicide. He acknowledged the fact immediately, and told me that he had already at home prepared a solution of cyanide of potassium; then, with some hesitation, he added that he had prepared a fresh

one at Berne. He gave me the bottle, as if to prove to me that he had given up his intentions.

If the patient had belonged to our country I would not have hesitated to commit him immediately, but he was a foreigner, and I could only advise him to have an immediate consultation with the alienist of his native town. I wrote at once to his family physician, but the patient did not give time to take the necessary measures, for he climbed over the parapet of a bridge and threw himself into the river.

Another case. This was a workman, thirty-three years of age, who complained of fatigue, distaste for food, and burning sensations and "gnawing" in the stomach. All this he attributed, with a persistence which suggested a fixed idea, to the valerian and massage and cold baths which were prescribed for him for his neurasthenia. It was not possible to convince him of the innocuous character of these methods of treatment. He persisted in accusing his physicians of having made him sick. He did not sleep because of the terrible "burnings in his stomach."

On examination I found nothing. The patient was well nourished and did not have a coated tongue. I told him that the whole trouble was nervous, and that he ought to let himself be treated by a physician in the town in which he lived who was an expert in these disorders.

He seemed calmed, and went away with a note addressed to my confrère who, tho the patient did not know it, had charge of a small asylum for the insane. I sent it with the diagnosis of confirmed melancholia of the hypochondriacal type, and I urged my confrère to watch him and, as soon as it became necessary, to arrange for his entrance into the asylum. While his wife went to the physician's house the patient hanged himself in the kitchen.

There are many such cases which present merely symptoms of discouragement or functional gastric troubles, such as may deceive the physician and lead him to diagnose a simple neurasthenia, when a more profound psychological analysis would lead to the recognition of a fixed idea of ruin and organic

disorganization out of all proportion to the real condition of the patient, or to his bodily condition.

Along with melancholia they used to class a morbid entity which seemed well established—that of hypochondria. To-day it seems to have disappeared, and alienists who have paid a great deal of attention to the classification of the psychoses do not devote even a special chapter to it. Thus, Kraepelin speaks of hypochondria either as a symptom of what he calls chronic nervous exhaustion, or as a syndrome of neurasthenic insanity. He describes it in degenerates and in old people, where it is allied with melancholia, and in hysterical persons. There is no longer any malady called hypochondria. There are only hypochondriacal symptoms, which are manifested in the course of various psychopathic states.

It seems to me that the close relation which unites hypochondria to melancholia has not been sufficiently indicated. Melancholia seems to me to be a psychosis in which mental depression and sadness are dominant, and where there arise ideas of ruin or failure, and fixed ideas without any real ground, which finally find expression in delirium, or become otherwise more or less markedly exaggerated. I would call "hypochondria" the condition of the patient whose naturally melancholy preoccupations are centered chiefly upon his health, and upon the workings of his organs. In both cases the patient is tormented by gloomy preoccupations, but they bear upon different subjects.

These hypochondriacal sufferings may be confined to one organ, and thus constitute one of the fixed algias (pain in the abdomen, between the shoulders, pain in the rectum, or in any part whatsoever). The trouble may consist in a fear of diseases, in the tendency to believe one's self afflicted by all the ills that one hears spoken of, without any tendency on the part of the patient to appear actually melancholy. Thus, while we pity without any question the true melancholiac, we laugh at the hypochondriac and often treat him brusquely. He is the *malade imaginaire* of Molière.

I wish very much that this were a condition at which we could afford to smile, altho it is never charitable to laugh at

those who are suffering. Imaginary or not, their troubles are bad enough and very real to them.

But there is a common form to which one could apply, indifferently, the name of melancholia or hypochondria. Its characteristic is that the preoccupations of the patient have to do, as in classical hypochondria, with the organs and their functions.

These patients are not afflicted with the idea of ruin and of guilt before God or before men; they do not accuse themselves of any misdeed or sin; they do not express, concerning their position in the world, any queer idea which would enable one to recognize the insane nature of their trouble. They only complain of what appear to be physical disorders, such as a bitter taste in the mouth, a burning sensation of the tongue, risings and burning in the stomach, rumbling in the bowels, and flatulency; and, as all these troubles may exist without any disturbance of the intellectual faculties, we are at a loss to see where the psychopathy comes in.

However, the patient's tendency to exaggeration gives us the clue. Their complaints are out of all proportion to the cause, and on questioning the patient we discover *l'angoisse précordiale*—the mental agitation which forces the patient to get out of bed and walk for hours in his room. We detect melancholia in his anxious look and depressed appearance, and often we can get him to confess that he has had an idea of suicide—not only that vague longing for death which is so often seen in nervous people, but that irresistible impulse which has already led the patient to choose the means by which he would take his life, and which has impelled him to make a serious attempt.

Whether the alienists call these conditions melancholia or severe hypochondria, or whether, taking into account the kind of preoccupations of the patient, they decide to make it a mixed form of "hypochondriacal melancholia," it is all the same to me. We are dealing here with serious conditions which are often incurable, and which almost always demand confinement in asylums; even in the cases which end in a cure we must always be afraid of a relapse.

But the difficulty comes in when we have to deal with the milder forms, with patients who refuse to consult an alienist, and turn to the general practitioner or the neurologist.

It is then that one realizes how vague the classifications are, and of how little use it is to try to create morbid entities in mental medicine, because we have more or less succeeded in doing so for bodily illnesses.

Without doubt, scarlet fever and measles are morbid entities, just as much as those infectious diseases whose microorganism we know and we cultivate. And it is the same with regard to the greater number of organic affections, even when we are still in the most complete ignorance of their pathogeny.

But the moment we approach psychic territory this respect for classification is no longer possible. Without suppressing those names that usage has endorsed, without giving up analysis, without being afraid to establish still further subclasses as the result of a more precise study of the symptoms, we are compelled to work synthetically, and to abolish arbitrary distinctions. It is not that we must see less, it is that we must look at things from a higher plane.

It is only then that we shall be enabled to discern neurasthenias of so light a character that we shall recognize in these patients nothing but the common weakness of humanity, and to confess cheerfully: "And I, too, I am neurasthenic!"

We shall even dare to insinuate that all ladies are hysterical while we tell them that they are only "nervous," and this skin-deep nervousness becomes them very well and constitutes one of the charms of their femininity.

And then we shall see that all the hysterical people are also neurasthenic, that many neurasthenics are slightly hypochondriacal, that there are symptoms of melancholia in all these patients; and at last, when we reach the class of degenerates, we shall be obliged to put all these unfortunates into it; and if we do not enter with them the hall to which we have destined them, we are nevertheless in the antechamber.

But it is not the names which matter; the diagnosis does not make the disease. What is essential, in fact, is the prognosis, and it is here that serious difficulties occur, because on

the judgment of the physicians depend the measures that are to be taken. As for the patient, any use of a word derived from the Greek is a matter of indifference to him, our nosographic discussions can scarcely be expected to interest him.

There is a much more urgent problem to solve, and that is, What is to be done in the matter? This is the point on which synthetic views are more useful than a short-sighted analysis. There are melancholias which require immediate committal to confinement or treatment with unremitting surveillance—not "because it is a melancholia," but because there is danger of suicide. There are cases where this impulse is wanting, but where the delirious ideas are so firmly rooted and so absurd in their origin that one must expect them to be of long duration (that is, of several months), then the sojourn in an asylum is also indicated. There is *vesanic melancholia*—that in which the public, whose intuition is often valuable, recognizes insanity.

But alongside of these sad conditions, which, happily, are often curable, there is *mild melancholia*—hypomelancholia, as some authors style it. In many cases it does not go beyond the limits of neurasthenia. The discouragement is more or less resultant; the patient has suffered, has had annoyances which have come upon him at a time when fatigue and overstrain had diminished his vital energy. A little rest and a few conversations with the physician, who has made himself the patient's friend, is sufficient to dissipate all his troubles.

Sometimes, however, the trouble is more serious. There are not only sadness and discouragement and gloomy ideas, but there are false ideas and genuine melancholia already of an insane character; nevertheless, the trouble will yield to the same measures.

A confrère thirty-four years of age was overworked for several months. He felt his strength grow less and his mood become gloomy. In addition to this, he lost, by an embolism, a patient on whom he had operated with success. The accident occurred twelve days after treatment, without there having been any fault in the operation, and just as the patient was cured and about to leave the hospital. What was the

result? Our friend was plunged into melancholia, he was convinced that it was the end of his medical career, that no confrère would hereafter trust any operative cases to him. Having had to give his advice in a desperate case where death occurred during the operation, he did not take any account of the fact that he was only very indirectly the cause of the intervention, and he tormented himself over it infinitely more than the physician who had the responsibility of the operation.

Now this was not a case of ordinary discouragement, such as we may all feel during agitated periods of a physician's life. No; he was profoundly persuaded that his reputation was lost; he questioned his fellow physicians to find some remote corner in the country where he could finish his days like an animal that is mortally wounded. In spite of his depression, he languidly continued his work, then he came to confide to me not his symptoms, for he did not think himself sick, but his legitimate preoccupations. I tried to dissipate them, to show him the foolishness of his fears, but he could not understand how I could be so lacking in perception, how I could thus deny the evidence. He insisted that he was lost forever. Unfortunately for my demonstration, there was some little truth in what he said concerning his clientèle. There had been a falling off, due to the season of the year and to absence of soldiers on military service, and to certain wholly fortuitous circumstances. But my patient would not admit these explanations. His position was compromised by the failure of his operation, by his conduct with his patients and his confrères. The fixed idea persisted in all its distinctness. It was still more distinct when he spoke of his financial situation. It was, I know, more than good; he could have lived modestly, if necessary, without working. But he could not see things in this light. The situation was desperate, his wife and his children were reduced to beggary; he ought never to have married; he had brought misfortune on his family. He felt himself so unworthy that he even dreamed of suicide.

In a consultation with two other physicians, one of whom was an alienist, the patient opposed our reasonings with absolute conviction; he was astonished to see physicians whom

he cared for and whom he knew to be serious persist in such a fatal mistake.

The diagnosis of unquestioned melancholia was pronounced, and we unanimously advised the patient's voluntary entrance into a private asylum. He acquiesced without any difficulty, and, the proceedings being over, he was about to go away when I was seized with misgivings. Were we quite wise in what we were going to do? Would not this residence in an asylum give new food to his conviction of ruin? Cured, perhaps, he might be, but would he not have the feeling that this confinement had lowered him in public esteem?

I interrupted the patient in his plans, I proposed to him a treatment which consisted in staying in bed and taking psychotherapic treatment. Without insisting too much at first, for fear of combatting his fixed ideas, I showed him how sure we all were that he was mistaken, and that he was really sick. He seemed appreciative and touched by my good intentions, but he did not seem to be seriously shaken in his purpose.

As I was obliged to go away for three weeks, I turned him over to a brother physician who patiently continued this work of persuasion, and from a distance I wrote the patient a few encouraging letters. On my return, only three weeks after the beginning of the treatment, I found him absolutely free from all his peculiar ideas. He acknowledged without hesitation that we were right, and failed to understand how he could have had such ridiculous ideas. He was already able to laugh over it, and he was delighted to have escaped the asylum. The only thing left was a little insomnia and a slight irritability with those around him, but a few weeks afterward he returned to his practise and to his work, completely cured.

This is an extreme case. Theoretically, the patient was ripe for the asylum; the idea of suicide had germinated, and confinement might seem urgent. One is perfectly right in believing that such a condition would last three months, six months, or even a year. Well, no. It lasted a few weeks, and soon the patient, who seemed rebellious to all reason, gave in to persuasion; at the same time, rest and good food

improved his general condition, and it ended in a complete cure.

The position of the physician in these varied cases of melancholia is difficult. In a case which seems mild, suicide may take place all at once, and the practitioner ought never to forget the words of Gudden, who perished with the king of Bavaria because he himself transgressed this rule: "Never trust a melancholiac."

I acknowledge the truth of this dictum, but, nevertheless, there are exceptions, and it would be very sad if they should cram all the unfortunates into the asylum. There are some that can be treated by the gentlest measures. It is on these occasions that the physician ought to have tact; that delicate perception that the most complete medical instruction can not give. Alas! even tact and delicate perception sometimes fail, and the physician finds himself compelled to say: "Do conscientiously what you feel to be your duty, come what may."

An analogous situation is found in hypochondria. There is insane hypochondria, most frequently incurable, which may accompany melancholia or give rise to it, and likewise often ends in suicide. But sometimes, at least during a certain period, the patients are not at all melancholy, in the common sense of the word. There are some who, in regard to the incurable disease with which they believe themselves to be attacked, manifest a calm stoicism.

A man seventy years of age was brought to me by his relatives as a neurasthenic. After half an hour's conversation with the patient, I said to the relatives: "You bring your patient to me under a wrong label; he is afflicted with serious hypochondria, and his place is in an asylum." This prospect did not please the family, and they begged me to keep the patient under observation, in bed, and under surveillance. I assented, and during two months the fixed idea persisted without the slightest change.

The patient was persuaded that he had an abdominal cancer, and when, after long and repeated examinations, I told him that he had not the slightest symptoms of this affection, and declared myself absolutely in accord with the two phy-

sicians who had seen him before me, he replied, with a smile that was slightly cunning: "Oh, you know very well that I have one, but you do not want to tell me so!"

I returned to the patient and said to him: "But, my dear sir, if you had a cancer I would not keep you. I only take care of nervous people. I should have immediately turned you over to a surgeon." "Oh, you will very soon send me back home to die, but you do not want to trouble me. That is why you make such an effort to prove to me that I have no cancer!" For two months he made always the same calm answers, emphasizing, without any marked sadness, a simple fixed idea. Later, when he was confined in an asylum, he tried to open the abdomen. I do not know how he ended.

At the same time while this hopeless patient was with me, I took care of a young man thirty-six years of age who could be equally described as hypochondriacal.

He had suffered from nervous dyspepsia, had undertaken several unsuccessful treatments, and came to complete at Vichy a treatment on which he had based great hopes. He returned from it as despondent as before, and persuaded himself that he had a cancer.

At the beginning my assurances that he had no cancer met the same resistance as in the preceding subject, but sometimes I detected in his look an expression of hope. It was a very little thing, and certainly persons who are strangers to the medical art would have found my two hypochondriacs each as sick as the other.

I put my patient on a milk diet for six days, then on a period of overfeeding, which rapidly produced an increase of bodily weight. Then, but only then, the patient began to doubt his cancer. The idea did not disappear altogether until the end of a few weeks. At the end of two months the patient was in perfect psychic and physical health, and has not relapsed.

Here was a mild hypochondria, such as one could, without straining matters, put into the pigeonhole of neurasthenia were it not already so full.

There are some forms still milder, which are curable

in a few conversations. These are hardly more than the weak-minded state or hypochondriacal disposition compatible with a condition of health, which one often observes. I mean in those people who are afraid of the least hurt, who consider themselves phthisical when they have a cold, who imagine they have cancer of the stomach the moment they feel a slight heaviness in the epigastrium, who believe themselves tabetic because they have staggered a little in walking. Physicians and medical students are subject to this infirmity. It is often passing; but, take care, and do not let these phobias grow. When any one goes mad he does so along the lines of his former mentality, and I have found toward the fifties symptoms of very serious hypochondria in fellow physicians who, during their student period, had merely showed a weak-mindedness which exposed them to the jests of their comrades.

The Italians have a word to describe these people who are always disturbed over their health. They call them *salutistà,* from *salute,* which means health. The word indicates something less than hypochondria, and I have been glad to know it in order to say to my patients: "The best way to disturb your health is just to worry about it—to be, in a word, '*salutistà.*'"

Under the name of "periodic depression," Professor Lange, of Copenhagen, described, in 1885, some conditions of mental weakness which occur at certain periods. The periodicity is not regular, and Lange indicates a duration of three to six months for the time of depression. The interval of health may last six months to a year. He attributes this condition to the uric acid diathesis, and strives to combat it by an anti-arthritic régime which, however, has not yet given appreciable results.

In reading this description I have easily recognized psychopathic states which are common in our country also, but yet I have been astonished to see that Lange has observed two thousand of such cases in the space of ten years. When one finds so quickly such a number of cases of a newly described disease it occurs from the fact that the author has made a

change in terminology. He merely takes the disease out of one pigeonhole, or out of several, and puts it into another.

It was at one time the fashion to consider this a form of melancholia. I consider, with Lange, that this is a mistake. These sufferers from periodic depression have merely low spirits, a condition that goes with bad temper and indecision, but they never have the delusional ideas of the melancholic patient, and fortunately their trouble does not develop in the same way that melancholia does.

It is rather from the list of neurasthenias that Lange has borrowed. His publication is of great interest, in that it has called attention to the periodicity of these relatively mild psychopathic conditions. I will return later to a consideration of this periodicity in the psychoneuroses and to the conclusions that may be drawn from it.

His attempt to explain depression by the uric acid diathesis would be interesting if he had succeeded in proving the fact, either by chemical researches or by the effects of his therapeutics. But he has not proved the existence in such cases of an excess of uric acid nor succeeded in curing his patients.

The pathognomonic characters of this condition are the feelings of heaviness, fatigue, and inertia; the patients are conscious of moral and physical depression. It is interesting to know that sometimes they can overcome this, and that, particularly in those cases where the occupation to which they apply themselves is mechanical, they have a tendency to continue their work without being able to stop. They are in a state of inertia which prevents them from stopping just as much as from starting. These are, in short, sharp attacks of neurasthenia, in which the prominent features are lack of will-power and physical and moral helplessness.

CHAPTER XVI

Idea of Degeneracy: Morel and Magnan—Mental and Bodily Stigmata —Abuse of the Idea of Degeneracy—Human Imperfections: Physical, Intellectual, and Moral Malformations—Relationship of the Different States of Disequilibrium—Isolated Nervous Symptoms

Hitherto, among those whom we call neurasthenic or hysterical, we have demonstrated the existence of permanent physical, intellectual, and moral malformations—a fact which somestimes leads us to say: "These people are degenerates." We come across similar blemishes in their brothers and sisters, and in their ancestors, or in their descendants. They are outcasts who deserve our compassion, and whom the unpitying world often treats harshly. In noting these facts I want first of all to point out the thread that binds together all of these psychoneuroses, and to emphasize the importance of heredity.

But we have limited the term "degenerates" particularly to those patients in whom the mental disequilibrium is more profound, and we have tried to put them in a separate class.

The psychiatric idea of degeneracy is due to a French alienist, Morel, who in 1857 published his *Traité des dégénérescences de l'espèce humaine.*

He defines this degeneracy thus: "The clearest idea that we can form of human degeneracy is to represent it to ourselves as an unhealthy deviation from the primitive type. This deviation, however simple we may suppose it at its beginning, carries with it, nevertheless, elements of transmissibility of such a nature that whoever bears the germ of it becomes more and more incapable of fulfilling his function in human existence and intellectual progress, already dragged down in his own person, finds itself still further threatened in his de-

scendants. Degeneracy and unhealthy deviation from the normal type of humanity are then, according to my ideas, one and the same thing."

Morel, who was an observer of the first order, well knew how to distinguish in these facts the biological law of heredity, but completely imbued with theological ideas, he admitted, according to Genesis, the existence of a perfect human type, and looked for degeneracy in the degradations of this primitive being endowed with all perfections. The idea of a fall and of original sin is mingled with his vague conceptions of determinism, resulting from the same idea of heredity.

He does not forget to point out, alongside of atavistic and hereditary influences, the action of physical agents and of intoxicants which can lead to degradation. He also applies the epithet "degenerative" to all mental diseases which he divides into six principal groups, as follows:

1. *Hereditary insanity.*—Comprising (*a*) insanity, which results from a congenital nervous temperament; (*b*) moral insanity, which is characterized by unruly actions rather than by any disturbance of the intelligence; (*c*) mental weakness, subject to morbid impulses and prone to commit harmful acts.

2. *Toxic insanity.*—Comprising (*a*) insanity caused by the ingestion of toxic substances, alcohol, opium, etc.; (*b*) that which is determined by insufficient nourishment or food of poor quality; (*c*) that which proceeds from marshy miasmas, or geological formation, etc., such as cretinism.

3. *Insanity by transformation of certain neuroses.*—Hysterical insanity, epilepsy, hypochondriasis.

4. *Idiopathic insanity.*—Progressive weakening of the faculties, general paralysis.

5. *Sympathetic insanity.*

6. *Dementia.*—The terminal period of various affections.

Magnan and his school refuted the biblical idea of a normal human type and of original sin, seeking to better define the group of degenerates. They placed together a number of patients afflicted with various mental troubles that had been under observation for a long time without seeing the bond that united them. These new ideas were actively discussed

by the alienists of Paris and Berlin. They disputed among themselves on the value of the hereditary factor, on the stigmata which characterized degeneracy, without being able to arrive at any agreement.

The following table of Magnan[1] shows the extent that he gives to his conception of mental degeneracy:

SYNOPTIC TABLE OF MENTAL DEGENERACIES

THE HEREDITARY DEGENERATES

I. Idiocy, imbecility, mental debility.

II. (Disequilibrated.) Cerebral anomalies. Defect of equilibrium of the moral and intellectual faculties.

III. Episodic syndromes of heredity.

1. Insanity of doubt.
2. Fear of touching. Aichmophobia (*αἰχμή*, point).
3. Onomatomania.
   - *a.* The agonizing search for a name or a word.
   - *b.* Obsession of a word which one can not get rid of and an irresistible impulse to repeat it.
   - *c.* Fear of a compromising word.
   - *d.* Preserving influence of a word.
   - *e.* Swallowed words burdening the stomach.
4. Arithmomania.
5. Echolalia, coprolalia, with motor incoordination. (Gilles de la Tourette.)
6. Exaggerated love of animals. (Insanity of anti-vivisectionists.)
7.
   - *a.* Dipsomania (*δίψα*, thirst).
   - *b.* Sitiomania (*σιτία*, food).
8.
   - *a.* Kleptomania, kleptophobia (the mania and fear of theft).
   - *b.* Oniomania (*ὠνια*, purchase). Abnormal desire to spend money.

[1] Magnan. *Recherches sur les centres nerveux.* Paris, 1893.

9. Mania for gambling.
10. Pyromania, pyrophobia (mania and fear of fire).
11. Homicidal and suicidal impulses.
12. Anomalies, perversions, sexual aberrations.
    a. Spinal (simple reflex, genitospinal center of Budge).
    b. Posterior cerebrospinal (posterior cortical reflex).
    c. Anterior cerebrospinal (anterior cortical reflex).
    d. Anterior cerebral (erotomanias, ecstasies).
13. Agoraphobia, claustrophobia, topophobia.
14. Aboulia (indecision, due to mental torpor).
    a. Reasoning mania. Moral insanity (persecuted and persecutors).
    b. Primary multiple delirium, polymorphus, rapid, or sometimes of long duration, without determined evolutional succession.
        (1) Ambitious delirium.
        (2) Hypochondriacal delirium.
        (3) Religious delirium.
        (4) Delirium of persecution, etc.
    c. Systematic delirium, unique, fixed, without tendency to evolute (analogous to an obsession).
    d. Maniacal excitement, depression, and melancholy.

So much for the mental degeneracies. There is too much and not enough in this long enumeration: too much if we are to keep a clear idea in our head and have an exact view of a clinical picture; not enough if we want to catalog the various forms of obsession, of phobia, and numerous peculiarities of character.

What is one going to do in this table with the sexual perversions that are so varied in their mysterious psychology, and with this attempt at medullary or cerebral localization? The whole thing is premature, to say the least.

And then, in reading this table, I was overcome with a sense of uneasiness lest we might all be degenerates! Who has not had the obsession of a word or some form of onama-

tomania or arithmomania? What of the people who have had passing symptoms of agoraphobia, of claustrophobia, and of topophobia, in which we should have to include hypsophobia (fear of great height, wrongly called vertigo).

Mania for gambling, sexual aberrations, and dipsomania are three characteristics which at one fell swoop throw into one group of degenerates a good part of humanity! The drunkards and the débauchés will meet the English antivivisectionist old ladies in the same class. In short, let us decide and join the group ourselves, for we all of us have our manias, and "aboulia," this stigma number 14, is one which we all have more or less at certain periods of our life.

Let us pass to the corporal stigmata of this universal degeneracy. I quote from Déjerine:[1]

"The more striking stigmata are those which affect the bony system, and for a long time observers have noted along these lines the deformities of the skull, producing various types of microcephaly, hydrocephaly, acrocephaly, plagiocephaly, scaphocephaly, dolicocephaly, and, in lesser degrees, the simple exaggeration of the cranial protuberances and irregular depressions.

"There have also been described in these cases anomalies in the internal structure of the bones, in their mode of development, their ossification, and their sutures. Even the entire skeleton may be attacked, the face may be asymmetrical, the spinal column may be incurved; the bones of the limbs themselves, affected in their evolution, may present all the appearance of rachitis, the possible existence of webbed or supernumerary fingers has been noticed, also club feet of various kinds, as well as flat feet.

"*The muscular system* develops late and incompletely; the muscles always show a condition of flaccidity; they may even be atrophied.

"*The digestive apparatus* does not escape: the vault of the palate is asymmetrical, sometimes narrow and pointed; the lips are often thick; simple and complicated harelips are

[1] Déjerine. *L'hérédité dans les maladies nerveuses.* Paris, 1886.

very common; the irregularly placed teeth appear late; their number may be diminished, and they decay easily. Prognathism occurs frequently."

Let us condense a little.

"*Digestive functions* often disturbed, mérycism, hernias.

"As to the *respiratory* and *circulatory* systems: pulmonary tuberculosis and vasomotor troubles.

"As to the *genito-urinary system:* incontinence, phimosis hypospadias, late descent of the testicles, vaginal anomalies, and disturbances of menstruation."

And we are not yet at the end.

"Anomalies of the *skin:* obesity, abnormal distribution of hair.

"Alterations of the *eye:* strabismus, deaf-mutism; deformities of the *ear:* adherence of the lobe, anomalies of the helix. Stuttering and lisping. At last the *nervous system:* migraine, vertigo, convulsions, tics, insomnia, nightmares."

Decidedly this is too much. It is an enumeration of all human weaknesses, physical, intellectual, and moral, and the description loses its value because it contains too much.

It is the same way when one looks for the causes of degeneracy. In reading the vast table of Dallemagne [1] one finds, carefully enumerated, the etiological conditions of the majority of bodily and mental diseases.

Some have gone still further in this extension of the idea of degeneracy, and Max Nordau has not hesitated to place in the class of degenerates the artists, musicians, novelists, and poets, of whose tendencies he does not approve. From this point of view one is always somebody's degenerate.

It is not that this picture of human miseries has been overdrawn: on the contrary, one could trace it still more dramatically, but the wrong is to apply to all these conditions the term of *degeneracy* without insisting on the possibility of *regeneration.*

The word degenerate supposes a point of comparison. One can be degenerate from one's own point of view: that is to

---

[1] Dallemagne. *Dégénerés et déséquilibrés.* Bruxelles et Paris, 1895.

say, in relation to some previous situation. We may be so in comparison with our relatives or ancestors, and with the people who surround us, and to whose influence we are obliged to submit. We could, in fact, be degenerates according to the idea of Morel by comparison with an original human type endowed with all the perfections.

When a young man who seems to be gifted lets himself sink into increasing laziness, indulges in gayety, and keeps low company, he little by little reaches a state of physical, intellectual, and moral degeneracy. We recognize in his kind of life the determining causes of this decadence, and it is by practising on him moral orthopedia that we may perhaps be able to bring about his improvement.

But one must be a very superficial observer to find the problem so simple. Examine your degenerate, your stray sheep, and you will see that in his most brilliant periods he already bore within him the mental defects which have led on to his fall. He was weak-willed, he let go of his moral principles, and indulged the lower instincts of self-gratification. Look through his ancestry and you will find analogous faults in the father, the paternal or maternal grandfather, or a weak character in the mother, or a lack in educative influence. Is he, then, a degenerate? Yes, if, in comparing him with his relatives, one establishes the fact of an increasing decadence, if there is a tendency to get worse; but often, in spite of its deformities, the branch is worth more than the tree, and we are already in the presence of a start toward regeneration.

Aristocratic families, those of the middle class, and the proletariat may degenerate under the influence of numerous causes; such as consanguineous marriages, mental contagion, unfavorable habits of life, alcoholism, and poverty. Heredity, as much as exterior circumstance, plays an important rôle here, and the presence of this inevitable influence casts a shadow over the prognosis. It is here that it is of value to discover the physical and mental stigmata which mark this natural deformity. But do not let us forget that the physical defects by no means indicate the degree of the psychical malady. There are people who look like monkeys, who yet

have great moral and intellectual worth; whereas very good-looking fellows may be moral idiots.

I can not accept at all the idea of degeneracy from the type of the superior Adam. Whatever may be the hypothesis which one adopts concerning the origin of the human species, it appears very certain to me that our first ancestors were savages. They may have been able, in their life in the open air, to have developed great physical powers and to have escaped from the pathogenic influences which result from living in great agglomerate masses, but we surpass them, without doubt, from the mental point of view.

Humanity is continually progressing, and it seems to me rediculous to speak of its degeneracy. One must even admit that regeneration gets the better of degeneracy. If it were not so, the human race would already have reached the last degree of idiocy, or it would have been wiped out by sterility.

In short, what we experience every day with sick people are the *human imperfections,* the *physical, intellectual,* and *moral malformations* of the race. They are not growing degradations, but stops and backslidings on the ascending path of perfection. Sometimes, under the double influence of the laws of heredity and education, we find that the deformity becomes aggravated, in an individual, a family, a caste, a people, or a race, and it is here that it is permissible to speak of degeneracy. It may end in the extinction of the family, but it can, during the process, have its times of arrest and of improvement. The word " degenerated " indicates too crudely the idea of fatal decadence. It suggests a pessimistic prognosis, and it often takes away from the physicians the courage to undertake an orthopedic treatment. On the other side, the discussions on the subject of degeneracy have had the advantage of clearly demonstrating the relationship which exists between slight nervous troubles and the more serious psychopathic conditions. We have since then been better able to understand the importance that we must attribute to our psychic peculiarities, to our defects and our little follies. Altho slight in ourselves, they may increase like a snowball in posterity, and this idea warns us not to neglect the treat-

ment of psychic anomalies. Education alone can, in a certain measure, correct what heredity has created.

We watch in our clientèle a procession of psychopaths of every kind: neurasthenics plunged into despair, incapable of all activity; hysterics tormented with peculiar sensations; hypochondriacs of all degrees; melancholiacs who have already rooted within them that characteristic idea of this affection, the obsession of incurability; in short, unbalanced, disordered people, subjects with every kind of fixed ideas, all the way from those that we sometimes have in a normal condition, as the obsession of a tune or a number, up to the most absurd or the most frightful delirious ideas.

In all these patients we can detect the preponderating influence of the inner hereditary mentality, and its aggravation by education or by the contagion of example. We see the accentuation of a defect of a certain subject in his descendants and its continual increase resulting finally in decadence. But fortunately the same influences often act in a contrary sense, and we can help along the reclamation by psychic therapy. We are, it is true, wholly helpless in the presence of physical defects, but we can do a great deal against mental, intellectual, or moral disorders.

One hardly dares to say it, but to-day they still try to cure these patients by physical measures. I can not understand such therapeutic aberration.

Not all these patients are curable; but when cure is possible it is brought about by education. The prognosis depends, above everything else, upon the good sense that one finds in the patient, on the spark of moral life which is hidden under his unbalanced acts. Often in looking at him closely one finds him really less degenerate than he appeared.

When the fixed idea is distinctly absurd and wandering, it is often incurable, or else it will only yield little by little under the educative influence of a favorable environment. But when there is still some appearance of logic in the idea, when the patient in his lucid moments can grasp the irrationality of his deductions, victory is possible in the space of a

few months or a few weeks. Doubtless relapses are frequent, but psychic treatment can lead to very marked improvement.

There are patients who are subject to strange obsessions. They are afraid that they will throw themselves out of the door of a car, or climb over the parapet of a bridge. They are afraid that they will throw their relatives out of the window, or will wound somebody with a knife or a gun. There are some with a strong impulse to open their veins. But if there is a certain *attraction* in such things it is really a *phobia*. It tends to make one shrink back and not to act.

Nothing quiets these patients like the frequently repeated statement that they will not do anything. It is necessary to show them the vast distance there is between the impulse toward suicide and murder and the *phobia* which, however distressing it may be, is a safeguard. One must keep at this education of the mind with imperturbable persistence, and use the most forceful and convincing arguments that one can think of to correct the judgment of his patient, in order to make the strings of moral feeling and reason vibrate in unison.

It is through lack of courage and perseverance that we err in the treatment of these psychoneuroses. We wait too long to distinguish the morbid entities that bear on a certain etiology or a different prognosis. We do not see clearly enough the bond which unites these different affections.

As theorists, let us work on the nosographical analysis, let us classify according to symptoms, according to etiological factors, let us seek to make the symptomology exact, to fix the boundaries of the syndromes, let us establish classes and sub-classes; but, when we become practitioners, let us try to forget these classifications which at best are artificial and variable. In therapeutics one must know how to be synthetic without neglecting analysis.

And, above all, do not let us forget the end in view (the improvement of the patient), which we too often abandon to the charlatan, who is more patient as well as more headstrong in his ignorance of pathology.

Along with these more or less well-determined psychoneuroses to which one can regularly apply psychotherapy,

there exist a host of isolated *nervous* symptoms which it is impossible to classify, but which are often amenable to the same measures. I mean the various neuralgias, myoclonies, spasms, different digestive troubles, and genito-urinary disorders, which seem independent of a state of generalized psychoneurosis. Almost always, however, a close and prolonged observation centered on the patient's mind, on the occasional causes, frequently moral in their nature, which lead to the crisis, enables us to detect the psychopathic mentality of the subject.

I will add that even in the treatment of organic affections, which demand a physical or medicinal treatment, the patient's condition of mind is often modified by a neurasthenic or hypochondriacal tendency. A helpful psychotherapy can be of great service, not only in improving the humor of the patient, which is always a good thing for him as well as for those around him, but also in favoring the cure of somatic troubles. The field of psychotherapy is thus very vast when one considers the man under this double psychic and physical aspect, and when one recognizes the impossibility of separating these two elements. There are almost no diseased conditions in which the morale remains unaffected, and in which the physician can not be of some help by his clear, convincing assurances.

CHAPTER XVII

The Therapeutics of the Psychoneuroses—Suppression of Actual Disorders—Modification of the Mentality of the Subject to Avoid Recurrences—Religious Faith; Suggestions of Charlatans; Suggestion by Medicines; Scientific Suggestion; Hypnosis

In the presence of the various affections which I have defined as psychoneuroses, and which, as much for the convenience of language as to include non-classified troubles, I group together under the intentionally vague name of "nervousness," the physician finds himself confronted by two obligations:

(1). To dispel as quickly as possible the existing trouble.

(2). To prevent the recurrence of the disorder in the future.

It is to the second obligation that I attach the most importance.

Undoubtedly one can not separate the two ends to be pursued, and the thing of first importance is to try to deliver the patient from his present trouble. But physicians are too often contented with attacking each symptom separately, without striving to effect a favorable result as a whole, by bringing about a profound change in the mentality of the patient. Now, as this former mentality has played a pathogenic rôle in bringing on the symptoms, the therapeutic work is naturally incomplete. One must look higher and further. In short, the cure of various symptoms of nervousness may be brought about, often very rapidly, by the most divers and the most opposite measures. For when any disease whatsoever yields to medications which bear no relation to it, and between which there exists no physiological bond, it is natural to think of a common factor which is no other than what has been called suggestion, or, better, moral influence.

This psychotherapic action controls the therapeutics of psychoneuroses to such a degree that one may make this sweeping statement:

The nervous patient is on the path to recovery as soon as he has the conviction that he is going to be cured; he is cured on the day when he believes himself to be cured.

This is the idea that the physician ought to get into his head if he wants to cure his patient. But it is not enough for him to accept this idea in a skeptical fashion and use it like a charlatan; it is necessary that he should be convinced himself and should know how to hand on his conviction by the contagion which sincerity engenders. When such a state of mind exists in the healer, it is of slight importance what means he uses; any of them will succeed, provided it is able to implant in the mind of the patient the fixed idea of speedy cure. Among these means I count: religious faith, the suggestions of charlatanism, suggestion by the use of medicines or of physical means, scientific suggestion, and psychotherapy, properly so called, by the education of the reason.

Religious faith would be the best preventative against the maladies of the soul and the most powerful means of curing them if it had sufficient life to create true Christian stoicism in its followers.

In this state of mind, which is, alas! so rare in the thinking world, man becomes invulnerable. Feeling himself upheld by his God, he fears neither sickness nor death. He may succumb under the attacks of physical disease, but morally he remains unshaken in the midst of his sufferings, and is inaccessible to the cowardly emotions of nervous people.

I have seen Protestant Christians accept the hardest life and the most distressing sicknesses, and contemplate with serenity the certainty of their approaching death, without seeking even to escape from their inevitable destiny by demanding the aid of medicine; they knew how to suffer joyfully.

I have experienced a deep sympathy for a poor Catholic missionary whom I advised not to return to the deadly climate of Africa, and who replied to me, with an angelic smile: "I will go back, doctor; it is my duty, it is my life!"

It was such Christianity as this that made the saints and martyrs.

It is said that religions do not develop this moral courage. Undoubtedly many priests of every religion have written admirable books on "the art of living," and their advice agrees fully with the views which philosophic thought gives rise to.

It would be easy to take advantage of worship and religious faiths, to awaken fervor and enthusiasm in this spiritual life in souls blinded by material occupation. But they scarcely dream of it in the high places of the Church, and it is to puerile miracles that they have recourse.

Among the Protestants they cure by the laying on of hands and by their almost sacrilegious prayer, which consists in asking God to grant their desires. In Catholicism the touching of certain relics is enough, and Lourdes has become the place of the most frequent pilgrimages.

Persuaded that faith in the cure, awakened by religious sentiments, can cure not only nervous troubles, but even organic affections, I fancied that I would find in the special literature not miraculous deliverances, but at least extraordinary cures. The reading of the large volumes published on this subject, that of the Annals of Lourdes, and a short sojourn at the very place of the miracle have disillusioned me.

The cures there are in fact rare; many concern neuropaths who could have been cured as quickly and as well by any other suggestive influence. Other patients, attacked by bodily lesions, only call themselves cured when they have lost at Lourdes the nervous troubles which have accompanied their organic troubles, or when they have seen an improvement in their painful symptoms, which, we must not forget, are generally psychic in their origin.

But, above all, I have detected in the physicians of the bureau of statistics, in spite of their evident good faith, a mentality of such a nature that their observations lose all value in my eyes. I have not been able to refrain from remarking that, from the point of view of latitude, Lourdes is not very far from Tarascon.

Convinced from the start, these physicians do not exhibit

the slightest evidence of a critical spirit; their confidence in the testimony, not only of physicians, but of any person whatsoever, passes all bounds, and I was able to see in their narrations that many of these so-called miracles owed their origin to the absolute lack of established proof. A patient, to whom they drew my attention because the sores which she had on her limbs were cured from one day to another, told me naïvely that, on arriving in Lourdes, she was plunged into the pool without having her dressings removed, and without having shown her sores!

I left the sanctuary of Bernadette with the distressing and depressed feeling that superstition was still living at the dawn of the twentieth century as it was in the middle ages. I consoled myself by thinking that one must never be discouraged when one sees how slowly civilization progresses. Truth is always advancing.

Among the charlatans there are some, I suppose, who are sincere. The latter have many and true successes. They profit, like the places of pilgrimage, by all the mistakes of psysicians; for we are often deceived, and our best masters are not free from their weaknesses.

We often make erroneous diagnoses; we too easily declare that the disease is incurable when it may be cured; we have not a sufficiently clear idea of the influence which the mind exercises on the functioning of our organs. It is thus that we give a fine opportunity to wonder-workers of all kinds.

The shameless charlatans and cynics who wittingly deceive the public have similar successes, altho they may be more ephemeral; they also cure patients which we have abandoned.

Like the physicians of Lourdes, the charlatans seem to disdain nervous affections and the easy successes of suggestion that are within reach of everybody. They want decided cures of organic diseases, of cancer, tuberculosis, and fractures. I know one of them who calls himself a specialist for meningitis, such scope do the mistakes of some of our greatest practitioners give to the healers!

A certain mental bond exists between these irregular prac-

titioners of medicine and the practitioners who prescribe medicines or physical means with a suggestive intention.

There are among physicians all shades of mentality, from that which says, crudely, "The common people want to be deceived; therefore, let them be deceived" (*Vulgus vult decipi, ergo decipiatur*), to that which has resort to a prescription, saying, "Let something be done, or, at least, seem to be done" (*Ut aliquid fiat, aut factum esse videatur*).

I know very well that there are occasions where the most veracious physician may have recourse to these means and give a medicine to satisfy the patient, but the physician who often resorts to this deception is certainly not conscientious. He is negligent; he takes refuge in his laziness instead of reflecting and thinking out a rational plan of treatment. He is, moreover, an impatient fellow who does not know what can be obtained by persevering persuasion.

It is just that clients who have discovered in what manner they are treated should take their leave of such physicians. Quite recently I have seen a patient lose all confidence in his physician, a very distinguished man, because, in order to break his habit of taking bromide, he had added some sodium chloride in proportion as the dose was diminished. It was, moreover, a useless deception, for the patient would have given it up if he had advised him to do so. Do not let us forget the orthodox in the profession, who, like the sincere charlatans, obtain marvelous results. To the innocent let us be generous! I share on this point the opinion of my excellent friend, M. Professor Sahli, who said to me one day: "If I were very ill, I would rather be treated by a homeopath who would give me nothing than by an allopath imbued with a sense of his therapeutic power."

On the other hand, the physician exercises an excellent influence when he intervenes by employing with discretion a useful medication, or rational physical measures; when he wisely aids nature, and when he enhances the value of this action by the confidence with which he inspires the patient.

Let us now pass on to scientific suggestion.

With Mesmer and his magnetic wand we find the concep-

tion of a mysterious force acting upon the organism. The German physician, whose sincerity it is difficult to appreciate after a hundred years have passed, succeeded in calling forth various manifestations of nervousness in the majority of the ladies of Paris, and, what was more to his advantage, he also knew how to cure them. He took for his guidance and, consequently, for the foundation of his suggestive authority, a very simple theory. Listen to an extract from his aphorisms:

"The perfect harmony of all our organs and of their functions constitutes health. Sickness is only the aberration of this harmony. The cure consists, then, in reestablishing the disturbed harmony. The general remedy is the application of magnetism."

It is impossible to have a therapeutic principle that is clearer and more concise!

But since then Deslon, the successor of Mesmer, has discerned the fact that *the imagination alone produces all these effects.* He recognizes this without any circumlocution when he says: "But since the medicine of imagination cures, why do we not use it?" We shall find this sophism in our modern hypnotizers. In spite of these clear statements of Deslon they could not see it; the magnetizers continued their passes, and the public waxed enthusiastic over this mysterious agent.

With Braid, one might believe to have found the cause of hypnotic phenomena in the sensorial fatigue caused by the fixation of a brilliant object, and in the sleepy influence produced by the slight strokings of the passes. Hypnosis seemed to be an extraphysiological condition due to material influences.

Under its scientific appearance this theory takes us into the past, and, for a long time, we have seen less clearly than Deslon in the eighteenth century. The hypnotic states have been studied as diseased manifestations. Charcot himself has not seen clearly enough the unique influence of the imagination, and his studies have helped to thrust the hypnotizable subjects into the class of hysterics. With the metallotherapy of Burq, the medicinal treatment from a distance of Luys, we are led astray once more, and we return to superstition.

The light comes to us only with the works of Liébault, and, above all, of Bernheim. While the first, by his experimental success and the simplicity of his measures, demonstrates the reality of the facts and the ease with which one can obtain hypnosis, Bernheim found the key to the phenomena, and showed that, in this domain, *suggestion is everything.*

Among the authors who have been interested in this question, Bernheim is the only one, to my knowledge, who has reached any logical conclusion.

He has, as it were, discovered human suggestibility, or, rather, as one knows it in many instances, he has shown that this *credulity,* which he calls, I do not know why, *credibility,* is common to all men, and that those who seem refractory are so only for the moment and by reason of wholly contingent psychological conditions in which they find themselves when confronted by the experimenter.

After having for a long time put his patients to sleep, in order to make suggestions of cure to them, he came to see that he could do without this artificial sleep, and he practised suggestion in the waking state, stating the cure, and making the hope of it glitter before the eyes of the patient. He was the first who dared to say: *There is no hypnosis, there is nothing but suggestion!*

I reproach him with only one thing, and that is, that having departed from hypnosis and succeeding in bringing about the hypnotic state in 90 per cent. of cases, he did not always dispense with "the process," the crude affirmation of wonder working. Undoubtedly he did not neglect the wholly moral influence and the paternal exhortation, but this orthopedia is still unsatisfying and too rapid. The practise of hypnosis has accustomed one to immediate success, to theatrical effects. It leads its patients by the nose, making them believe everything that it wants them to believe; its therapeutic skepticism has no limits; everything is suggestion.

I do not find the same logic among those whom one would call the successors of Bernheim. Undoubtedly the majority have admitted the evident influence of the *verbal suggestion,*

so superabundantly demonstrated by the school of Nancy. All have been obliged to recognize that they can not always obtain the desired somnambulistic condition which they call hypnotic sleep, and they content themselves with suggestion in the waking state. But what differences there are in the mental conditions of all these practitioners! Some, wholly preoccupied with their success at the clinic, hypnotize or suggest with all their might. They have no theories and they have no interest but to cure. I do not at all doubt their success, but I do not envy them it.

Others have at the same time those qualities of " suggester " which make great healers, and a scientific spirit which makes them analyze this action, but they are " in durance vile." Physiological psychology has no more secrets for them, since they have mastered cerebral histology, and they *see* the centripetal irritations gain entrance to the nervous centers, carom from cell to cell, and rebound in the centrifugal direction.

They can not see that, if " suggestion " and " persuasion " are identical in their action, when one means by that that both inculcate ideas, they are at two ends of the same chain, as the one is addressed to blind faith, while the other appeals to clear, logical reason. One tendency, above all, persists in a great many observers; that is, the tendency to see in hypnosis, and even in suggestion, abnormal phenomena taking place by way of the nerves, or even by mental representations, without participating in the superior psychism, the ego.

Grasset, with a talent for popularizing things which seem to me dangerous, has summed up these views in his book on hypnotism and suggestion.[1] This author admits a certain automatism in the psychic domain, and distinguishes a *superior psychism* and an *inferior psychism* (or superior automatism). The superior automatic actions have, according to him, distinct centers—on the one hand, superior psychic centers, and, on the other, reflex centers.

These centers are neither in the bulbomedullary axis (reflexes), nor even in the basal ganglia and midbrain (superior

[1] *L'hypnotisme et la suggestion.* Par le Professeur Grasset, de Montpellier. *Bibliothèque internationale de psychologie expérimentale.* Paris, O. Doin, 1903.

reflexes, inferior automatism). They are in the cerebral cortex, but they are distinguished from the centers of the superior psychism.

He sums up these views in the following scheme:

"*O* represents the center constituting the highest psychic power, as it may be understood of a great number of distinct

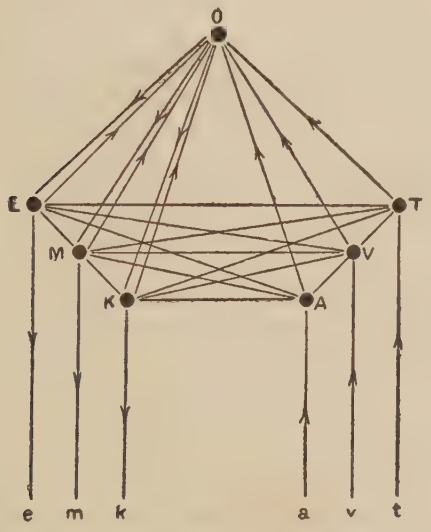

FIG. 3

neurons. It is the center of the personal, conscious, *free and responsible* ego (the italics are mine).

"Below is the polygon (*A, V, T, E, M, K*) of the superior automatic centers. On one side the sensory centers of reception, as *A* (auditory center); *V* (visual center); *T* (center for general sensation); on the other side, motor centers, as *K* (kinetric center), *M* (center for articulate speech), *E* (center for writing).

"These centers, all situated in the gray substance of the cerebral convolutions, are connected by all manner of trans-

cortical, interpolygonal fibers, connected with the periphery by subpolygonal centripetal paths (*aA*, *vV*, *tT*) and by the centrifugal paths (*Ee*, *Mm*, *Kk*), and connected with the superior center, *O*, by superpolygonal fibers, some centripetal (ideosensory), the others centrifugal (ideomotor).

"One may, or may not, be conscious of automatic acts, according to whether the automatic activity is or is not communicated to the center, *O*, which is the center of personal consciousness.

"The consciousness or unconsciousness does not, then, need to figure in the essential characters of the polygon's, or superior automatic actions; they only become conscious by the addition of the activity of *O* to the polygon's own activity.

"But the actions represented by the polygon are psychic actions, because there is memory and intellectuality in their functioning.

"In the normal and physiological state," continues Grasset, "as a rule, all these are in action at the same time; their actions are interwoven and superimposed."

He admits that in certain physiological states there is a certain disassociation between *O* and the polygon, a *mental subpolygonal disassociation.* This condition exists in *distraction* and *sleep.*

This disassociation is still more distinct in nightmare, and in the automatic, involuntary, and unconscious movements which make tables turn and move the divining-rod of seekers for springs or treasures, and which direct mind-readers (Cumberlandism) and the pencil of spirit mediums.

In short, disassociation may be due to pathologic conditions, as in natural or induced somnambulism, in ambulatory automatism, in catalepsy, and hysteria. And, entering into the analysis of these states of more or less complete disassociation, he adds: "Nothing is mental but the maladies of the superior *O* psychism. But hysteria is more often a malady of the inferior polygonal psychism."

Applying these ideas to the analysis of the facts of hypnosis and of suggestion, Grasset displays a disconcerting electicism. On one hand, with Bernheim, he defines hypnosis

as *a state of suggestibility;* on the other hand, he admits, with the hypnotist, that there is a *pathologic condition of impressionability of the polygon.*

Hypnosis exists for Grasset; it is diseased and extraphysiological; it is not the result of simple credulity, and he says: "Credulity is a normal condition; its center, *O*, is weak, but it functions. One is credulous in his *O*, but he is suggestible in his polygon."

This scheme is ingenious, but that is all. I would be carried too far from my subject if I tried to analyze here this work that is crammed with ideas, and to answer the arguments, more specious than solid, of the clever neurologist.

But there is one point which interests me because it bears directly upon my therapeutic ideas. Grasset admits the *fact of suggestion.* He recognizes that one man can act on another by the medium of verbal or written statements, whether accompanied or not by such procedures—as, a fixed gaze, or passes which increase the suggestibility; but he adds: "Suggestion is a morbid phenomenon, or at least an extraphysiological phenomenon, which must be clearly distinguished from physiological influence in its various degrees, and which is not observed in everybody. The condition of suggestibility is characterized by subpolygonal disassociation, the polygonal activity, or even the hyperactivity, and the complete subjection of the polygon to the *O* center of the hypnotizer; *it is a polygon, emancipated from its own O center, obeying a foreign O center.*"

I can not share the views of Grasset on this point. The *suggestible condition is normal.* One can boldly say that everybody is hypnotizable and suggestible. The subjects who prove refractory are those who are temporarily in an unfavorable psychological situation: under the sway of skepticism, fear, or distraction. The exact knowledge of the facts of suggestion render the individual less suggestible, and that is why physicians more often escape this influence; but this immunity is acquired by reflection.

When observers such as Liébault and Bernheim state that they have succeeded in at least 90 per cent. of their subjects,

when Wetterstrand, Forel, and Oscar Vogt succeed in going beyond 97 per cent., it is no longer permissible to set up against these figures the 30 per cent. limit shown by the school of Paris, or the 10 per cent. of Seppilli. In statistics of this kind the highest figures measure the suggestibility; the failures of other observers show that they have not had the same degree of suggestive authority.

Contrary to Grasset, I would then say: "Every man is suggestible, even hypnotizable, just as long as he does not oppose this influence by another of rebellious mentality. The best precaution against this psychic slavery would be imperturbable confidence in his independence, and a calm reason which detects the secret of this weakening influence.

Experiments show that about 3 per cent. of men possess this moral strength. It is sad, but that is how matters stand.

I also repudiate the idea of considering this suggestibility as a disease and a disease of the polygon. As if this latter, capable of independence and of will, was emancipated from the power of *O*! It is not that the polygon asserts its independence in the face of *O*, it is the superior ego which relaxes the surveillance which it ought always to exercise.

As I have already shown in speaking of suggestibility, our conscious thinking ego abdicates his throne, sometimes because he thinks he ought to allow his inferiors to act, with voluntary indifference or negligence, and sometimes because he is the victim of hasty conclusions—in short, when he grants to others, by the very virtue of his irrationalism, the power of acting on himself.

Yes, the *O* of the hypnotizer, of the "suggester," of all persons who lead us, acts, if you will, on our polygon, but always through the medium of the *O* of the subject influenced. All *heterosuggestion,* in order to become active, must pass to the state of *autosuggestion,* and this phenomenon of conviction passes into the superior psychism.

That which is here impressionable is not the polygon incapable of directly obeying a strange influence; it is the *O,* it is our intellectual ego.

The hypnotizer has no power whatsoever on us, or, rather,

he has only that which we recognize in him by the very virtue of our own mental debility. He stands before us, holding in his hands a chain; it is we who, in incredible blindness when it is a question of bad suggestion, in our pardonable desire for cure, when hypnosis has a praiseworthy end in view, fasten the other end of the chain around our necks.

To exclude all necessary participation of *O*, they have argued concerning hypnotic facts in animals. It is probable that many of these facts have nothing to do with hypnosis. But, whatever they may be, one here falls into the error of Descarte, who only allowed a soul to man and made the animal a machine. The majority of cases of powerlessness and cataleptiform conditions, which they have succeeded in producing in animals, seem to result from sentiments of fear and intimidation—that is to say, in the sum of mental representations which have their seat in the superior psychism, in the thinking and feeling ego.

Hysteria, like other psychoneuroses, is to my mind *a mental disease.* It is the superior ego which is weak, and which thus permits the "polygon" a semblance of autonomy.

One detects in all these patients the *irrationalism* which creates this slavery in the presence of others. This weakness can, it is true, coexist with a certain intelligence in other domains. But an educated and intelligent man, who is made conversant with these ideas, will no longer allow himself to be hypnotized or made to act on suggestion; he will accept nothing but the councils of reason.

I would undertake to immunize the majority of subjects against all suggestive influence (in the restricted sense of the word), and that not by appealing to their polygon, in which I do not take much stock, but to their ego in the highest individual sense, by making their minds critical, and giving them a conscious sense of their independence.

I can not too strongly insist on this idea that all "nervousness" denotes in the subject who is afflicted with it a *mental defect* or a *characteristic lack of logic.* Sometimes this defect seems to exist only in a limited degree, and constitutes nothing more than a "mono-superstition." More often a later

psychological examination, in conversation touching on the most varied subjects, will reveal other disorders in the mental mechanism. At a glance the physician then sees that he has a mind to care for, and that he must modify and help this weakness of intellect by education.

CHAPTER XVIII

Rational Psychotherapy—Its Efficacy in All Domains of Medicine—The Necessity for Impressing the Patient with the Conviction of Cure—Blind Faith and Rational Faith — The Persistence that is Necessary to Establish the Idea of Cure — Organic Complications — Contrary Suggestions — Necessity of Changing the Mental State of the Subject — Favorable Conditions for Attaining this End

The psychotherapy which I call rational has no need of this sort of preparatory narcosis of hypnosis, or of this hypersuggestibility that is itself suggested. It is not addressed to an impressionable polygon, but simply to the mind and the reason of the subject. This psychic therapy is indicated in all the affections in which one recognizes the influence of mental representations or ideas, and they are legion.

It is a great mistake to believe that psychic therapy is applicable only to psychoneuroses, that it is an aid for the specialist in neurology and the alienist alone, and that the practitioner can pass it by. Moral influence nearly always comes in, and ever since medicine has existed patients and physicians have been able to prove it. It is not unusual to see the patient's condition improve immediately after the visit of the physician, either as a consequence of the favorable assurances that he has expressed, or from the sympathy which he shows to his patient. This psychotherapy has existed through all time. To know how to apply it has always been the highest quality of those practitioners who are also physicians of the soul, and who have known how to acquire and keep a confiding and appreciative clientèle. They are, perhaps, more numerous in the country and small towns than in great centers, where competition develops mercantilism and tends to make the physician forget his humanitarian calling.

Surgery itself could not be practised without this moral influence. Without doubt, the diagnosis and the operation

demand other qualities, but the attitude of the surgeon is of chief importance when it is a question of revealing the prognosis and leading the patient to accept operative intervention.

By his patience, his gentle firmness, and the precision of his advice the surgeon exerts a real fascination over his clients. There are some surgeons whom you would let cut your head off; there are others whom you would not trust with your finger nails.

In organic diseases therapeutic intervention may act materially either on the lesion or on the symptoms. But man does not suffer as an animal. He does not feel only the crude, painful sensations; he exasperates them by his fears and his pessimistic reflections. Often what he calls his soul is more diseased than his body, and sometimes this moral suffering which succeeds physical illness persists, even when a real improvement has already taken place.

I remember an old man who, afflicted with cholelithiasis and arteriosclerosis, had seen his condition improve tremendously, and whom I one day found plunged back into the deepest discouragement. To my question, "How goes it to-day?" he replied, sourly, "Worse than ever. I am weak; I have unpleasant sensations in my skin; I am disheartened, and I have pains everywhere; and you, you pretend that I am better!"

I proceeded to make a thorough examination, and said to him: "My dear sir, you are better than ever; you are on the eve of complete recovery, and I will prove it to you: you had fever last week (you measured and noted it yourself), now you have not had any for four days; you were as yellow as an orange, you have no longer any trace of icterus; your urine was dark green in color, it is now straw color; your tongue was coated, it is clean; your heart beat too fast and irregularly, under the influence of digitalis it beats 70; your enlarged liver has gotten back to its normal dimensions. And you want me to tell you that you are doing badly! No, my dear sir, you are doing very well, but the jaundice has acted upon your morale; you see everything from a dark point of view, and you think your trouble is physical when

it is altogether mental. You are in low spirits to-day. Chase away all these ideas, and you will see all your discomforts disappear. I am not going to give you any medicine, for I do not know any in the pharmacopœia which will turn a pessimist into an optimist."

The patient threw me a furious look, and would not believe me at all, but the next day he received me with a hearty oath, and said: "You were just right yesterday! After you went away I examined myself, I looked at my tongue, at my urine, and at my temperature chart; I even counted my pulse, and I saw that you were in the right. My spirits soon improved; I breakfasted in a victorious state of mind, and soon I felt very well!"

I often meet this old man, and he always smiles at me in recalling this moral cure that worked so rapidly, altho he was getting over a cholemia.

There are no diseases in which the psychological physician can not find an opportunity for moral treatment, whether through dissipating prejudices, or toning up his patient by an encouraging, serious, or pleasant word. To bring a smile to the face of the patient is often the best way to dissipate these sorrowful states of mind that are grafted on to the bodily ills. The true physician does more good by his words than by his prescriptions.

But, if psychotherapy is useful in the treatment of all diseases, it becomes necessary when it is a question of those wholly mental affections to which I have devoted these chapters. I know that this is not the opinion of everybody, and that many still persist in applying the ordinary methods of treatment to these ills. I have proved the inadequacy of these attempts at physical therapeutics and seen the efficacy of mental medicine too often for me to turn back now. I consider that it is in direct psychotherapy before everything else that we must search for the remedy for this nervousness that invades the body.

We must not be contented with such vague moral action and suggestion as is incorporated in all therapeutic work. We must, on the contrary, define precisely this influence of

the mind on the body, analyze it psychologically, and grasp the mechanism of the physiological reactions which follow the movements of the soul. Our faith in these measures is not sufficiently lively, and many patients still suffer from our timidity and our therapeutic indecision. If the nervous patient only gets better when he believes that he is going to get better, the physician does not succeed in his work, except when he has a confident expectation of the success of his treatment.

In order to reach this end the physician must know how to get hold of his patient. It is necessary from the very start that he should establish between them a strong bond of confidence and sympathy. Even at the first interview this relationship must be decided upon.

It may happen that a patient will think better of certain hasty judgments, and that favorable relations may be established in consequence; if the physician has been a little too brusque, or has failed, by his impatience, to make his *entrée,* as it were, he can still correct this fault. But in general the first consultation gives the measure of the degree of understanding which is going to be established, and on which, in a great part, the final success depends.

The patient should immediately feel that the physician does not regard him only as a "client," nor only as an "interesting case," but that he is a friend with no idea but to cure him. We practitioners ought to show our patients such a lively and all-enveloping sympathy that it would be really very ungracious of them not to get well.

When the patient experiences this state of mind in the physician he is already well advanced on the way to cure. He is like one under a spell of a kindly thought, and this moving joy gives him at once the feeling of euphoria. The physician experiences the counter effect of this emotion, and can also say to himself: "That is all right; my patient will get well!"

A physician's power to act depends on the depth of his conviction. But however deep it may be it must be sincere; it must be established on the diagnosis and the prog-

nosis. It is this view of the future which is going to bring hope to the patient, and give him the feeling of certainty.

The charlatan does not hesitate in his statements; not he! he presents himself as a healer, and failure does not baffle him. The believers who cure by religious influence can always beat a safe retreat by saying: "You did not have faith." Many hypnotizers come to take a like attitude, and the feeling of holding a panacea in their hands often makes them negligent upon the matter of diagnosis. We will try, they say, to dissipate these troubles by suggestion, and then we shall see if the disease is a nervous one.

The physician who does not want to have recourse to any but rational means does not resort to these measures. His prognosis can be based only on an examination made according to all the rules of the clinician. He ought, from the start, to make the differential diagnosis between organic affections and the psychoneuroses which simulate them so well.

Some of my confrères have objected that this means of giving to the patient the conviction of cure is nothing but suggestion pure and simple. Yes, if by suggestion one understands all proceedings which consist in putting an idea into the head; no, if one takes into account the rational character of the means employed. There is faith in all conviction, but there is blind faith and reasoning faith. There is a great difference of mentality between the man who is content with a statement, who allows himself to be under the influence of the personality of the healer, and the man who acquires confidence by the clear exposition of the reasons to believe.

As a rule, the physician who knows at the same time both the psychopathic conditions and the organic affections can very quickly judge of the situation, and can establish, on a rational basis and on his own experience, the prognosis which is going to give the patient the expectancy of cure.

Sometimes, however, questions of differential diagnosis are intricate, and it is necessary to make observations for several weeks before the physician dares to pronounce the magic words, "You will get well!" This is a difficult position for the conscientious physician, and I should not be at all sur-

prised if a patient whom I could not succeed in curing found cure in the hands of an irregular practitioner of medicine who was more bold in his statements.

When one has succeeded in inspiring the patient with a quasi certitude of cure, it is necessary to encourage this state of mind during the whole treatment. Every time that there is any fact detected which confirms the favorable prognosis it should be commented on, and continually brought up in the conversation. All improvement, however slight it may be, even when it does not concern the particularly distressing symptoms, should be noted, and the patient must draw new reasons for raising his courage from these proofs. Nothing is insignificant in this domain; one must leave no stone unturned.

There are some patients who reach this desired state of mind at the start. I have seen some who were confronted with this dilemma: "Perhaps the doctor will send me away, then I am lost;" or, "He will undertake my treatment, then I am saved!"

Others reach conviction but slowly. They are skeptical, sometimes even argue acrimoniously, and often plead against their own case. It seems as tho they take a malicious pleasure in proving that they are incurable. Others manage only to get a vague hope, or a lukewarm faith, that would by no means remove mountains; they are passively obedient, follow all the prescriptions of the treatment, but they have no enthusiasm. Sometimes the conversion takes place very late, at the end of the cure, and here success depends only on patience and the imperturbable perseverance which the physician devotes to obtaining the result.

The following example is typical: A few years ago I had under my treatment a young girl twenty years of age, who, in consequence of overwork, had fallen into a nervous condition that was difficult to classify. Calm, reasonable, and in no wise hysterical, from the mental point of view, she had suffered for eight years from headaches and intense pain in the back, hindering all her work. In addition, the patient had had, according to her parents, two epileptic attacks with such

complete loss of consciousness that she had retained no memory of these symptoms.

The examination of the cutaneous sensibility revealed no stigmata of hysteria. The patient limped slightly, dragging her left foot in consequence of a slight paresis of the muscles, which put the foot in dorsal reflexion. Finally, the patient presented equally on both sides an evident epileptoid tremor and a marked exaggeration of the knee jerks.

The patient, who was emaciated and tired, was put under a treatment of regular rest, isolation, overfeeding, and psychotherapy. She took it with the greatest docility, gained twenty-eight pounds in weight, and regulated her disturbed digestive functions, but the painful phenomena were not relieved, and at the end of two months I found her in utter despair. "I want to go away," she said, bursting into tears. "You know that I have been obedient, and that I have not neglected any of your prescriptions; they have produced some effect upon my state of nutrition, but I always have pains in my head and back." "I understand your discouragement," I replied, "but I do not share it, and I will tell you why: you have, it is true, the same pains, but I see that you have made some progress. Not only have you grown stronger but you have lost that trembling of the feet that you had on your arrival."

With a bitter smile the patient objected: "What consequence is this trembling? I never suffered from it; it was you who discovered it by suddenly lifting up my foot! I came for my headaches and my backaches; there is not the slightest sign of improvement in that line."

"I agree perfectly with you, and I do not blame you at all for discouragement that is so caused; but as a physician I look at the situation in another way. Your nervous trouble is composed of different symptoms; the headache and the backache are those which are most distressing to you, they are the only ones to which you will grant the slightest importance, and you have a right to do so. For me, speaking medically, all these symptoms have their value. To you the trembling of the feet means nothing, to me it is as important as the headaches; it also is one of the symptoms of your dis-

ease. These are, I might say, spots of the same ink, and if we have succeeded in effacing the smallest there are chances that we shall succeed in making them all disappear. Stay; take courage!"

She stayed a month more, and went back cured.

I hold that the physician who wants to be right in serious nervous cases ought very carefully to preserve this fundamental idea: that there are no symptoms without importance, and that the slightest improvement ought to lend encouragement to his confidence. He is like a sailor who foresees a favorable change in the weather on noticing a slight brightening which the passengers do not see, or to which they would not think of attaching any importance.

There is another clinical rule which the psychotherapeutist should never forget; that is, that he must not—at least, unless it is absolutely necessary—admit the presence of two concomitant affections in his patient. If you have recognized any form whatsoever of nervousness, put into this list all the symptoms which you observe. Naturally it is not necessary to force things; one may be perhaps hysterical and tuberculous, neurasthenic and rheumatic; one may have several diseases at the same time. But it is not necessary to admit this situation except on manifest proofs. All organic complications, especially if they are more serious than the nervousness, darken the prognosis. Therefore, to reassure the patient, and to give him the conviction that he will be cured, there must be a frank prognosis. The physician ought to be able with a genial smile to kindle this faith. Any restrictions will make it lukewarm.

Alas! we are sometimes forced to it with the tabetics, for example, in whom a melancholy neurasthenic state often becomes grafted upon the spinal cord affection. In certain cases an exaggeration of the tendon reflexes, however slightly it seems to predominate on one side, comes to unsettle our convictions; we suspect a process of spinal sclerosis, and we no longer dare to adopt that affirmative tone that is so necessary in order to attain the end. We hesitate to the detriment of our moral action when we find the symptoms of a pseudo-

angina of the chest in a subject of a certain age or in one who is syphilitic, or when we detect an intermittent pulse or an increased second sound of the heart.

It is well not to allow one's self to be troubled by the presence of clinical symptoms, the exact value of which is not sufficiently established. Twice in the course of this year I have just escaped losing my moral influence by having given too much importance to Babinski's sign. I had detected in my patients, and that on one side only, a dorsal flexion of the big toe, on tickling the sole of the foot, when the other side reacted normally. Fortunately I saw the danger that there would be in using this fact in the prognosis. In the presence of my patients I hid this doubt, resting on the general ensemble of the symptoms. I persisted in predicting a cure, and I had the happiness of obtaining it.

Without resorting to artifice or without telling lies the physician, by keeping this intention of truth in his mind, must inculcate in the patient this conviction—that he is going to be cured. He must have the gift of persuasion; he must be like an advocate who is convinced of the merits of his case; he must know how to present his arguments and multiply them, and fairly hammer into the patient's head the idea that he will get well.

When, having come to a definite diagnosis, I tell the patient that his trouble is nervous, I immediately add, "and mind you, in my dictionary the word nervous is always coupled with the word *curable;* these two adjectives always go together." And when, still distrustful, he adds: "Yes, doctor, but you speak in a general, abstract manner," I reply to him, with a parry for every thrust, "No, I speak concretely. You are a nervous subject, and you will be cured!" Ah, in these moments of indecision the physician must not have an irresolute mind and content himself with skeptical phrases and timid statements! It is the time to be eloquent while always remaining sincere, like an advocate in the court of assizes who is profoundly convinced of the innocence of his client and wants to snatch him from condemnation.

This it not what many physicians do. If there are some

who are charlatans, there are still others who are clumsy and who practise suggestion on its reverse side. To a neurasthenic they state that he will be cured, yes, but add that this disease lasts about three years! How consoling that is for a patient who has to gain his living!

I have seen a physician seriously trying to console a lady who was afflicted with nervous troubles by assuring her that she would be better at the menopause. She was thirty-two years old!

Many patients owe the persistency of their functional troubles to the physician who, by imprudent words, has given them a fixed idea.

Many nervous people who suffer with their stomachs believe that there is some disease of that organ, and it is the physician who by his useless examinations has led them into error. Hysterical paralyses would be cured more quickly if they were not treated, like true paralyses, by local measures. The various psychoneuroses, which they call traumatic, would not be so serious if the physician knew that it was a question of psychic trouble, if the hypochondriacal condition was not encouraged by the physical treatments and the constant idea of indemnity.

I have seen a girl fourteen years old, who, at ten years of age, had received from a baby a blow with a drumstick on the left shoulder. There had been a sharp pain in consequence, but there was no lesion at all. The cure would have taken place in a few hours if the physician had known how to calm the little girl. But he stated before the patient: "This is serious, very serious! It is traumatic neuritis. I would much rather that the patient had broken both her arms!" The nervous pains lasted four years; the pain extended to the back and to the right arm, without any sensory or motor paralysis or atrophy occurring to confirm the existence of neuritis. Here is a disease created out of whole cloth by the physician. It is an inverse suggestion producing an opposite effect.

Sometimes a physician recognizes the psychic nature of the trouble, but, being too impatient, he states it in terms

which hurt the patient. The latter concludes from it that he is taken for a tender creature who can not bear a pain, for an imaginary invalid. This is a fear which we must never allow to take root in the mind of the patient. It is necessary to believe in the reality of his pains and to show him full sympathy, and if, little by little, we can prove to him that they have a psychic origin, it must be done in a long, friendly conversation. Then the patient sees clearly. I have heard country people say to me: "I see that you speak truly, and that it is not through negligence that you do not give me any medicine. It would have been more simple for you to write me a prescription, instead of giving me an hour to explain my trouble so clearly to me. I understand what you tell me, and I have the feeling that I know how to follow your advice."

It is necessary, then, with nervous patients to know how to get hold of the patient at the start, and inculcate in him the fixed idea that he will get well. It is also necessary to maintain the fixity of this idea until the cure, to lead his conviction by reasons that are always more cogent. In short, in the course of treatment, one must study the mentality of the subject, detect his lack of logic, his exaggerated susceptibility, and, in the daily conversations, modify his natural mentality; for it is to this mentality that one must look for the first cause of the trouble.

This aspiration to change the mentality of a subject in a few weeks' time makes one's confrères smile. I am not astonished at it, and I should have smiled with them twenty years ago; I should have said: "That is impossible; chase away what is natural, and it will come back at a gallop!"

Well, no; it is easier than one would think to change the mental state of a patient, to inculcate in him healthy maxims of medical philosophy; and if the natural state of affairs comes back it is by no means at a gallop, and it is easy to chase it away again. It is evident that, in order to obey these indications successfully and bring about the cure, one must have time—the physician and the patient must hold personal relations for a sufficient length of time.

We shall see that sometimes the psychotherapic work may be rapid enough not to require more than one or two conversations. But in the majority of cases the trouble is of too long standing to yield in so short a time. In serious and obstinate cases a prolonged treatment is required in a clinic where one can add physical treatment to continued moral influence.

I have adopted for this end the treatment of Weir Mitchell, who, as every one knows, recommends *rest in bed, isolation, and overfeeding,* and various other less important measures.

Without being indispensable, these conditions are particularly favorable to the psychic treatment; and I do not hesitate to advise physicians who want to cultivate rational psychotherapy to have recourse to this method. Little by little they will see that it is not always applicable, that one must know how to individualize, to take circumstances into account, and when they have acquired the gift of persuasion, they will dare to attempt more rapid cures at a hotel or in any boarding-house whatever, even in the midst of the family. But to attain that, one must have acquired experience under favorable conditions, and I see no more propitious way than that which belongs to the treatment outlined by the Philadelphia physician.

CHAPTER XIX

Weir Mitchell's Treatment; Modifications which Ought to be Made in It in Order to be Efficacious — Utility of the Measures of Rest in Bed—Overfeeding and Isolation—Importance of the Psychic Factor —The Treatment of Psychoneuroses Ought to be a Cure of Psychotherapy Made Under the Favorable Conditions of Rest, Overfeeding, and Isolation — Sketch of this Moral Influence

It is more than twenty years since I adopted Weir Mitchell's treatment, and at the start I practised it in the spirit of the author—that is to say, by attributing the chief importance to physical measures. I then held to absolute rest in bed and complete isolation, without letters and without visits; I sought to obtain as rapidly as possible, by overfeeding, great increases in bodily weight. Like the American and the English physicians, I attached some importance to massage, and at last, conversant with questions of medical electricity, I conscientiously practised general faradization.

Little by little this treatment has been modified in my hands. I very quickly abandoned the electricity. I found the monotonous occupation of running an electrode over a patient's body was very much of a bore; sometimes I stopped a little while in this work to converse with him, and soon I perceived that a kindly word and a little philosophic counsel was more precious than half an hour's faradization.

Later, in many of the cases, I gave up what was often a distressing measure—absolute isolation. When my patients had not, at the end of a week, made sufficient gain in weight, I was not disturbed by it. I did not send away the masseuse, who was not responsible for it, but I contented myself by advising my patients to eat a little more. After a while I came to even dispense with rest in bed, when the condition of nutrition did not seem to me sufficiently bad to require this

measure. At last, and above all, I attributed more and more value to moral influence.

I retained for serious cases physical measures of treatment, but my treatment had other ends in view. It was no longer a "rest cure," as the Americans and the English call it. It was no longer a "Mastkur," a fattening process according to the Germans, who seem to me to attach too much importance to *embonpoint*. In France, in spite of all the efforts of Professor Déjerine at La Salpêtrière, they apply these methods so little that they speak of it as the "isolation cure."

The treatment, such as I conceive it, after having practised it for a long time, is a treatment of psychotherapy, made under the favorable conditions of rest, isolation, and overfeeding.

I have said that these measures are not always necessary, but that they are invaluable aids in serious cases.

Let us analyze the action of these physical measures. *Rest in bed* is clearly indicated in all cases where feelings of fatigue and symptoms of denutrition are prominent. In those exhausted persons who are on the threshold of physiological bankruptcy there is an evident interest in reducing expenses to the minimum, and it is usually easy to make the patient understand the necessity of this economy. Nevertheless, many protest against this measure. They share, with the public and with many physicians, the opinion that it is weakening to stay in bed. I have no trouble in making them see that they are mistaken. What weakens patients who are confined to bed is not the bed, but the sickness which obliges them to stay there. It is that which, through fever, or loss of appetite, or insomnia, or pain, or intoxication, brings on emaciation and amyasthenia. When these troubles do not exist, staying in bed strengthens the organism.

Naturally, it is not necessary to keep muscular strength in view, especially that of the inactive lower extremities. One must not go to bed and expect to become athletic. This lost muscular force returns, however, very quickly with exercise, and I have seen patients who have spent six or eight weeks in bed show considerable activity after two or three days.

For all the other organs a prolonged sojourn in bed, usually for six weeks, has incontestable advantages. The patients often long for this rest, and once there, they very quickly lose the sense of chronic lassitude.

Contrary to current ideas, the appetite in such patients grows better in bed, the digestion is better; and if this rest at first favors constipation, overfeeding soon overcomes this inconvenience. Lying on the back acts very favorably on the circulation, cerebral irrigation is favored by the horizontal position, and those patients with a cadaverous complexion and drawn faces soon begin to look much better in bed. This beneficent action of prolonged rest on the organs of the circulation has not been sufficiently comprehended. I have proved it in a striking manner in various cases of organic cardiopathy. Two of my patients, one of them afflicted with mitral insufficiency, the other with arteriosclerosis, in whom comparative rest, a milk diet, and digitalis had only led to slight results, recovered a normal pulse after a hemiplegia had condemned them to absolute rest. The pulse diminished little by little, and stayed regular for a year in the case of one of the patients; the other, a right hemiplegic, for almost three years has had no return during all this long period of cardiac trouble and the phenomena of angina pectoris which heralds the approach of the end.

We must not forget that in bed patients who are so sensitive to all influences are protected against inclemency of the weather, and very often against microbic infections, which are apt to result from contact one with another.

The principal objection is generally the fear of ennui. The patients are frightened at the idea of staying so long without reading and without amusement. I sometimes allow my patients to do some little manual work, such as needlework, or a game of patience, or solitaire; I permit them to turn over the pages of some illustrated magazine, but I have always believed it best to forbid reading—at least, for the patients who complain of a tired feeling in the head.

It is very easy to persuade patients if one will take the trouble to show them the reason for these measures of com-

plete rest. It is the physician's privilege to bring them to a docile frame of mind, not by orders but by counsels.

When the patient has fully grasped the necessity of diminishing expenses, it is not difficult to show him of what advantage it would be to increase the receipts; but then new objections arise. The patient is usually a nervous dyspeptic who believes himself afflicted with dilatation of the stomach, or enteroptosis, and who will reply to you, "But I can not eat!" Now, this patient, who is often emaciated to the last degree, has need of good food, of overfeeding, even, as much to gain weight rapidly as to dissipate the fixed idea of dyspepsia. This is the point where one must know how to achieve a decisive victory from the start.

If you are sure of your diagnosis of neurasthenia, do not hesitate to declare to your patients that a bountiful and varied diet is necessary if they wish to get out of their state of chronic debility. Show them quite clearly all the detrimental consequences of the restricted régime which they have followed up to that time, and often for many years: progressive malnutrition, growing weakness, constipation and its attendant evils. Go even a little further and show them the necessity for *overfeeding* during the greater part of the treatment if their emaciation demands it. Why overfeeding? Because normal feeding, in spite of rest, is not, as a rule, sufficient to bring about a rapid increase of bodily weight; because this increase is desirable as much to produce a real euphoria as to act morally on the patient; because the patient who will have undergone this régime (they all stand it) will be forever after rid of his hypochondriacal fears.

It is of the greatest importance to obtain these victories at the start; they often decide the fate of the whole campaign.

When the patient has no great dyspeptic troubles, or when, altho complaining of the stomach, he follows some absurd régime, such as eating meat or eggs in excess, one can put him immediately upon a diet of three meals a day and give him milk three times a day between meals; he will very soon see that he gains by the change.

But more often the dyspepsia is of long standing, the

predispositions are deep-rooted; one would run the risk of compromising the result by putting the digestive faculties to too strong a test. Thus I have made it a practise of putting the patient upon a preparatory milk diet. Experience has shown me that it is useless to prolong it beyond three days, and that after that one can lead the patient up to overfeeding. I will give these measures of régime more in detail when I speak of nervous dyspepsia.

If the majority of patients accept without any great difficulty these two measures of rest and overfeeding, which lead to the same end—that is, strengthening the patient—they protest, however, most emphatically against isolation. Yet this isolation is very often necessary. It is often imposed by the very conditions of the treatment on patients from other places who are taken care of in the sanitarium; they can not be in the midst of the family. But if they could it would not be wise to allow it.

The nervous patient ought in general to leave the family circle where he is subjected to hurtful influences. Serious lack of sympathy between the husband and wife, or between parents and their children, often plays an etiological rôle in the development of psychoneuroses; there are incompatibilities of temper, and the patients themselves recognize the necessity for a separation. Even suppose the relations with the relatives and friends to be agreeable, they are none the less harmful to these impressionable people. The letters which they receive awaken homesickness and bring tears to their eyes, and these emotional conditions are enough to bring on headaches, insomnia, and anorexia.

Convinced of the necessity for such isolation, I used it in every case at the beginning of my career, and it was I who, by weekly letter, kept up between my patients and their friends the necessary relations. In time I became less severe. One may, in many cases, if there be no intellectual fatigue, permit correspondence and visits. But when the physician believes that he can give up any part of the usual plan of treatment he should do it wittingly, and not allow himself to be cajoled into concessions. I do not mean by this that the physician

ought to be jealously careful to indicate his authority, to make the patient do just as he wants him to do. This brutal method of winning obedience is never wise, and it is unnecessary when the physician knows how to gain the confidence of his patients.

What the patients fear most in such isolation is to be left alone with themselves, the prey of their own sad thoughts. And from the first interview we find ourselves obliged to preach to our patient a high grade of stoicism by recommending optimism to him. It is necessary from the start that he should know how to make a choice among this crowd of thoughts which besiege his mind in these hours of solitude, and that he should repulse all feelings of discouragement. His optimism ought to be incited by the idea of an assured cure in the near future. He ought, in remembering the long duration of his sufferings and the shortness of the treatment (about two months), to be able to take the latter joyfully, and find it short and easy.

It is here that the physician ought to possess the gift of persuasion, making light of the obstacles which the patients raise.

I remember a poor, uneducated woman, who had to undergo this treatment for a nervous condition of long standing with symptoms of astasia-abasia, which had always been attributed to a myelopathy. She established herself with considerable courage, said farewell to her husband and her children with a bravery which astonished me. But at the end of a few days her courage weakened, and I found my patient in tears, declaring that she was so wretched that she could not go on. I told her what a pity it would be if she gave up a treatment that was so necessary. "Oh, yes," she said, "and that is just what makes me so miserable. I know that this treatment is the best thing for me, and I am so grieved not to be able to bear it. Will you let me read?"

"I would like to let you," I replied, "but I do not think that such a concession would hasten matters. If you read an hour a day and it is too much for your head, there will still remain to you about fifteen hours of daylight in which you

have time to brood over your troubles. Believe me, there is only one way of chasing away your ennui, but it is radical. It consists in having the end to be obtained clearly in sight. Think of it! You have suffered for years and your life is burdensome to you. Your husband is in despair to see you thus; and your children do not have the mother's care which is so necessary for them. Now the nature of your trouble makes me hope for a lasting cure by a treatment of two months. Just see how great the end is and how little the effort. Keep this cure always before you, stretch your arms out toward it, enjoy it in advance, and the days will seem short to you."

The patient succeeded day by day in creating in herself this state of mind, and at the end of six weeks she was completely well.

It is very seldom that one meets patients who are unable to bear isolation. Such are either melancholics, whom this seclusion tortures, or the unbalanced, who completely lack control over themselves. One must have judgment to know when to renounce these measures and to undertake the treatment along different lines.

Judging from an experience which has already been long, I do not hesitate to make the statement that it is generally easy to bring patients to accept with good grace these three measures of rest, overfeeding, and isolation.

I have continued to recommend general massage, consisting of a gentle rubbing of the large muscular masses of the extremities. It stimulates the intramuscular circulation and thus does away with the only inconvenience of rest in bed. It is a passive gymnastics without expenditure of nervous energy for the patient. When practised by an experienced hand, such massage leaves the patient in a state of slight but healthful lassitude; he feels warmed, and often experiences a desire to sleep; massage of the abdomen may help to reestablish the intestinal functions. Moreover, this hour of physical treatment mitigates to some degree the isolation. The day passes more quickly and the conversation of the masseur or masseuse diverts the patients.

It is well if these helpers can be sufficiently intelligent to serve in some measure as society for the patients. Often by their simple good sense, without their having learned the lesson, they seize the psychotherapic indications and help the patient in his work. The lay nurses as well as the sisters know how to exert this beneficent influence; the majority of them possess the necessary tact. I ought to say, however, that I do not try to develop this influence; it requires too much skill and sensibility to act upon sick minds. I might add, that by always working by gentle persuasion and never by authority, I have no need of energetic guards who force the patients to be obedient. I never reveal to these helpers the mental conditions of my subjects; the sisters are never present at the conversation, and I ask no more of them than a kindly solicitude for those confided to their care.

For many years I have abandoned hydrotherapy and electricity. They seem to me absolutely useless.

I have confined myself, in short, to these three measures —rest, overfeeding, and isolation. They may suffice in themselves in certain cases by their material action and by the suggestion to which they give rise. Success may be obtained by these simple measures, and there are establishments where they confine themselves exclusively to them.

I have already said that in my eyes they are simple auxiliaries, and that I place the accent on *moral treatment,* which is so easy to practise under these conditions. In the daily personal conversations the physician ought not to choose in advance the text of what might be called his sermon. He should sit down beside his patient, and listen to his plaints with the greatest patience

Above all, he should never be hurried—or, at least, never appear to be. The physician who comes in like a gust of wind, looks at his watch, and speaks of his many engagements, is not cut out to practise this psychotherapy. It is necessary, on the contrary, that the patient should have the impression that he is the only person in whom the physician is interested, so that he may feel encouraged to give him all his confidences in peace.

Let your patient talk; do not interrupt him, even when he becomes prolix and diffuse. It is to your interest as well as to his to study his psychology and to lay bare his mental defects. Help him, however, to get on the right road, and to give correct expression to his thoughts. Catch his confessions on the wing, as it were, to point out to him his errors and prepossessions, in order to make him put his finger on his mental peculiarities, and to make him understand the rôle that they have played in the genesis or the development of his trouble. Question him about his childhood, and he will tell you episodes which show his natural impressionability and his exaggerated emotions. Start the patient upon the scent which you have picked up, and make him admit that he was "a nervous subject" long before the actual attack.

Show him clearly by means of examples to corroborate them the dangers of this unhealthy sensibility. Note with him his indecision of character and his pessimistic tendencies, call his attention, with kindly tact, to his susceptibility and instability of temperament which leads to bad temper, and his tendencies to selfishness. Give him, on all these subjects, short lessons on rational morality.

It is a serious mistake to believe that only educated, cultivated people are accessible to these instructions. Simple good sense is enough, and fortunately it is by no means the exclusive property of the privileged classes. The peasant and the workman often have remarkably open minds for this philosophy. I will even say that, having a more simple type of mind and being less distorted by prejudices, they submit more easily to moral influence. It is not that they are mentally weak and accept suggestions more passively; no, they understand shrewdly enough, and their replies and their unthinking comparisons clearly express their right thought.

A workman whose neurasthenic wife has still some vacillation in her mental state and whom I encouraged to persevere in the struggle, cried: "Yes, doctor, I understand what you mean; we must tighten up the screws!"

A poor girl, subject to obsessions and scruples and attacks of melancholy, regained her tranquility each time by means

of a conversation, and, going out of my office, said to a friend: "There, I can take a long breath again!"

Question your patients on their conceptions of life and their philosophy, for everybody has one, however fragmentary it may be. Criticize kindly the false views and approve those which seem to you logical and helpful. Make an effort also to discover in your patient moral qualities and superiorities, and endeavor with all frankness to find some merit in him which will raise him in his own eyes; he has so much need of recovering confidence in himself.

There is some good in all subjects; one you can compliment because he is intelligent, and another because he has good sense; you will show another that he is a man of heart and of noble sentiments.

One may also even make use of religious sentiments to bring the patients back to a moral standard. It may seem strange to see a freethinker practising with believers, using religious convictions and recommending them to certain of his patients. Well, no; there is no contradiction in that. I have often been able to feel myself in a spirit of communion with Christians, Protestant pastors, abbés, and the cloistered clergy.

Undoubtedly we are at the antipodes from the point of view of our conceptions on questions of dogma. We are even implacable adversaries, for there is war to the death between the principle of authority and of free inquiry. But the moment that one leaves dogmatic ground and reaches the moral ground the accord is so complete that we can go hand in hand to the end of the way.

The sincere believers (and would that there were more of them!) walk through life fixing their eyes on one star which is their faith; the freethinker bends his gaze upon three stars, situated at the same point of the firmament, the True, the Beautiful, and the Good. What wonder, then, that they should journey together?

I have always had a horror of wicked, railing free thought, which, falling into the same error as its adversaries, pretends to solve the problems of the Unknowable.

Science progresses, she discovers little by little the laws which rule the universe, but she knows nothing of their first causes, or of the force which directs everything. She studies nothing but the microcosm in which we live, and she has no right to express herself in cutting statements concerning what lies beyond the field of her little lens. Tolerance is the natural fruit of well understood deterministic conception.

The study of the mental peculiarities of the patient ought to be made at the beginning of the treatment, for the object is to right his judgment and correct his mentality. It is not enough to hold a few fortuitous conversations with patients curious about psychological problems, but one must continue to put forth an educative effort during the whole treatment. One must, therefore, lose no time in learning to know the personality of a patient and the conditions in which he lives.

Without being indiscreet, you ought to inform yourself concerning the environment in which he passes his life, and the circumstances which have given birth to his nervous condition. Sometimes you will find yourself in the presence of tragic events, of situations which it is impossible to change. There is nothing left for you to do but to soothe the patient's suffering, and you will often be astonished at the good that you can do by this sympathy.

More often still you will find only cares of a less serious nature, and incompatibilities of temper. You must then teach the patient the spirit of forbearance, and you can also, by a few words or by letters, act on the relatives in such a way as to put oil on the wheels and bring about a healthy family environment for the patient to go back to.

There are cases where one succeeds but slowly in freeing the patients from their mental defects, the suppression of which is necessary for their cure. The following example is interesting in this connection:

An officer forty-one years of age consulted me for a neurasthenic condition which had slowly grown worse for fourteen years. He felt tired, and had rheumatic pains in the back and legs. He had headaches, with a sensation of gimlets boring into his temples. He did not sleep, and wakened in the

middle of the night, a prey to an indefinable terror, with palpitation of the heart and profuse perspiration. The sensations of fatigue were very pronounced. I considered it wise to put him upon a treatment of complete rest and isolation without insisting on feeding, as he had some tendency to obesity.

Improvement took place slowly, and at the end of about seven weeks the patient could call himself cured. Our conversations bore upon the most varied subjects. Nevertheless, one day I inquired about his sleep. "That is improving," said the patient to me, "constantly improving, but I still have, toward one o'clock in the morning, a most distressing feeling of anguish which lasts about half an hour." I reassured him by showing him the great progress which he had made, as these attacks of anguish had formerly lasted six or seven hours; I made him hope that they would diminish still more, and I added: "If you wake up in the night in such distress, get up and walk about on the cold floor and drink a glass of water, and go back to bed."

The next day he spoke to me of one thing and another, and it was only when I asked him that he said to me: "I slept very well; I took my glass of water and I fell asleep like a child." I made the reflection that my man was not an optimist, because he had not hastened to announce his success, but I said nothing to him of the observation.

A few days later I inquired about the regularity of his intestinal functions, and, learning that he was still constipated, I gave him my advice in writing, thinking that he would not follow it until after his departure from the sanitarium.

Before the patient left I thought I ought to ask how his constipation was. I learned that the training measures which I had recommended had immediately succeeded.

Struck by this tendency not to tell of the success which came to him, I turned on my patient, saying to him: "Major, you are a queer chap! Twice I have given you advice which in the twinkling of an eye has relieved you of two symptoms, your nocturnal distress and your constipation, of which you still complained bitterly. You do not even think to tell me

that they are better, and if I had not asked you we should have gone on speaking of the rain or of the weather!"

My officer became thoughtful, and said to me: "Doctor, you have just put your finger on a fault which I did not know myself, and, now that you draw my attention to it, I see that I have had it all my life, from my earliest childhood. I have always been so: I always look on the dark side of things, and I never discover the rose color."

"My dear sir, this moral Daltonism is very harmful, and I consider, from the point of view of your cure, that the conversation to-day is more important than the entire treatment. You are in a dependent position: you have superiors who are not always well disposed, and inferiors who do not always do their duty. With your tendency to look at everything in a pessimistic light you can make yourself sick every night. Trust me, change all that for me! You are going back to your service. Well, every evening sum up your day. First put into the left scale of the balance all the things that have troubled you; don't get worried. But, that being done, turn to the scale on the right, and conscientiously put into it everything that has been favorable to you, and I believe that the beam will tip more often to this side."

A few months after this my ex-patient sent me an instantaneous photograph of himself, which showed him on horseback leaping over a high barrier. He had written these words on it: "As well in the moral saddle as in the physical!" And in his letter he said to me: "I have succeeded admirably in making the scales tip in my favor. Ah! often the scale of annoyances is pretty full, but when I remember your advice I count up the successes which seemed to me so few, I heap up the scale on the right, and, as you said, it is that which carries the day. After that I go to sleep, and in the morning I wake up in good health."

I have often seen this patient since in society; he has held his own without any difficulty. I have known of his going through periods of misfortune which would have been enough to dismay a man who had never been neurasthenic.

Six years after the treatment I met my officer again. He

declared to me that he was always well. Knowing that in the body of officers of which he was a part things did not always go according to his wish, I asked him if the circumstances had become more favorable. "Oh, not the least in the world; there are always the same rivalries and the same lack of justice. The men are wolves, and that will never change! But it is I who have changed completely. I have my motto: 'Do your duty, come what may!' I am not disturbed by all that. I live happily in the feeling of duty accomplished, and in that optimism which you have inculcated in me. Thus I bear a charmed life, and, you see, it has not hurt my advancement, for you behold me Lieutenant-Colonel!"

And he added: "If I had not been brought to think about the necessity of this moral attitude, I should have succumbed to my failing."

CHAPTER XX

Various Symptoms of Nervousness—Digestive Troubles: Their Frequency—Mental Anorexia: Disgusts, Sensation of Restriction, and Depression—Stimulation of Appetite by Psychic Means—Gastric Dyspepsia: Its Genesis and Its Aggravation by Autosuggestion—Gastric Troubles in the Insanities; Cerebral Affections—Broussais; Barras—Easy Diagnosis of Nervous Dyspepsia

The symptoms of the nervousness are so numerous and so varied that one never finds two cases just alike. Many patients have, along with physical lassitude and moral weakness, the characteristic trio of functional disturbances—that is to say, dyspepsia, constipation, and insomnia.

But, on the other hand, some complain only of the stomach, and sleep well; others digest well, and pass sleepless nights. There are nervous people subject to diarrhea; there are some who have an insatiable appetite, whereas the majority lack appetite. So far, there is the greatest diversity in this domain of functional disturbances. But it is still worse when, as one ought to do, one examines the mentality of the patient. One never finds two identical characters, and it is precisely these mental peculiarities which not only determine the form of the psychoneurosis, but which give rise to it. I can not too often repeat it: in all these psychopathies we must seek for the root of the evil in the previous mentality.

In the presence of maladies so varied in their manifestations it is impossible to settle upon a plan of treatment applicable to all. One must know how to individualize. Still more than in internal medicine, we must remember that we are not nursing sicknesses but sick people.

Altho I have not yet succeeded in establishing a line of conduct for all manifestations of nervousness, nevertheless I hold that it is possible to examine the various symptoms in

the light of this primordial conception: nervousness is, above all, a psychic disorder.

I will, therefore, review the various functional disturbances which one observes, and I will indicate the psychotherapic measures which appear to me to be useful. Later I will take up the mental troubles themselves, and the duty which devolves upon us of modifying the mentality of the subject and of instructing him in moral hygiene.

In conclusion, I will sum up these ideas in a few typical examples, and will show the power of psychotherapy in serious and long-established cases of the psychoneuroses.

I will commence with the most frequent functional disturbances—those of the *digestive apparatus*.

It is positively rare to observe cases of the psychoneuroses without digestive troubles. They vary infinitely as to intensity and symptomatology. Sometimes they are so localized and so apparent in the presence of the mental symptoms that they put one on the wrong scent, and the practitioner does not hesitate to treat by local measures the disease of the stomach or of the intestines. At other times the subject appears so evidently distracted and unbalanced that the mental malady is prominent, and the very beginner, or the practitioner of the least experience, would recognize at the start neurasthenia, hysteria, hypochondriacal, or melancholic conditions.

But between the two extremes, evident psychopathies and functional disturbances so closely simulating organic affections as to be mistaken for them, there are a great many intermediaries, and it is here that the judgment and the individual mentality of the physician comes in.

If he has been educated as a surgeon, if he is an expert in a specialty which demands a certain manual dexterity, or if he is a chemist, he will show an exaggerated respect for precision; he will want to find lesions and disturbances of organic chemistry. In order to sharpen his perception of things he specializes too much and is led astray, and thus it happens that many physicians, though very clever and conscientious, will diagnose uterine affection, dilatation of the stomach, or organoptosis, and if, along with the disease which

they have studied, they note symptoms of nervousness, they are tempted to consider them as secondary.

If the physician is something of a psychologist, if he has been able to see that man lives chiefly by his head, he will consider the higher things. He does not neglect the local symptoms, and if in his diagnosis he narrows his vision on occasion, he knows how to use a "low power" magnification and to look over the entire field. He no longer has before him a uterus or a stomach like a simple retort; he no longer admits an affection of the solar plexus and of cardiac ganglions; he no longer attributes the so-called *nervousness* to *nerves* that can not help themselves. He recognizes that these poor nerves on which we throw all the blame of the trouble are but very passive conductors. Undoubtedly they can suffer from the effects of a traumatism which interrupts their continuity; they can be attacked by inflammatory processes, undergo degeneration, or be affected by toxic influences; but these nerves have no autonomy, and one must not look for the cause of nervousness in them.

The physician who reflects looks upon man as a whole, not only from the point of view of his animal functions, but from the psychological point of view; he considers not only what he eats or drinks, but he is interested in what he thinks. And little by little he proves the predominance of psychic influences. He perceives more and more that he must work upon the morale, and successes show him the justice of his views.

Anorexia is one of the most frequent symptoms, and sometimes it seems as tho it were the only functional trouble experienced by the patient. It is more than thirty years since Lasègue showed the mental nature of this loss of appetite.

In a great many cases it is difficult to reveal the psychopathic nature of this trouble. It seems as tho it ought to be caused by dyspepsia, or by pain, or by the condition of the tongue. But there is no difference between these cases as far as the gastric symptoms are concerned and those in which the tongue is not even coated, or where there is little or no trouble with the digestion.

I often see young girls emaciated to the last degree who

have not eaten for several months, and who do not even dream of pretending to have a gastric malady to explain the cause of their conduct. They have no need of eating or drinking, that is all. Neither is it the fixed idea of slow suicide by inanition which prompts them.

They do not know why they do not eat; as a rule they do not even think that they are sick. All feminine coquetry has disappeared in them, and they admit, without being in any degree impressed by it, their paleness and the fact that they have wasted away to skeletons.

These are insane without any doubt. In the majority of cases this condition becomes established in consequence of emotions, such as disappointed ambitions, the loss of a friend, or family annoyances.

It is often easy to bring these patients back to normal alimentation and to restore them to a good state of nutrition. Nothing is needed for this on the part of the physician but the gift of persuasion. But this process takes a long time, and nothing helps the treatment like isolation and rest in bed.

The subjects being young, and giving no reason for their refusal to take food, it is not always possible to confine one's self to rational persuasion, and it is necessary to add some light moral constraint. The best way is to let the patients understand, with the moral support of the parents, that they will not be allowed to return home until they are cured.

A young girl was attacked with this form of wholly mental anorexia. At the end of several days the Sister who took care of her complained that she had not been able to accomplish anything. The young girl only ate if she was forced to take each mouthful. "Do not be disturbed, Sister," said I, before the young girl, "there is plenty of time; if mademoiselle eats well, she will be able to go away at the end of six weeks; but if she does not succeed in doing so, it will take about eight or ten weeks; but that makes no difference." The next day the young girl ate. At the end of a few weeks she recognized with astonishment that she had been ill. She said: "I was in a funny condition, and I can't quite make it out."

However, in certain cases this moral constraint is not acceptable, and leads to rebellion on the part of the patients.

A young girl seventeen years of age who had become, through a long period of denutrition, a walking skeleton weighing only seventy-five pounds, had made some progress in the first six weeks; but as the anorexia reappeared and threatened to upset everything, I thought it best to propose an additional treatment of a fortnight. The patient, frightened by this prospect, thought to evade it, and went away by a night train to her home. But this brusque rupture did not hinder me from attaining my ends. I warned her relatives by telegram, and impressed upon them, before all, not to reproach the patient. I wrote to the young girl, showing her the emotions which had caused her flight; then, leaving all recriminations out of the matter, I advised her to go on with the treatment of overfeeding at home. As they say, "The king is dead, long live the king!" I said: "The treatment has not succeeded; let us begin it over again under other conditions." The patient, having become docile, obeyed. At the end of a few months she announced to me her complete cure and her return to a weight of one hundred and thirty pounds. Since then she has remained in perfect health.

In this wholly mental form of anorexia I have never met with a failure, altho in certain cases the cure has been delayed. The conduct remains the same in many patients in whom the anorexia is accompanied by vomiting or regurgitation. Sometimes these troubles cease on the first days of entrance into the sanitarium, even when they have lasted before that time for months or years.

It is not always possible to analyze the psychological reasons for these sudden changes, for these patients do not express themselves on this subject; they do not reveal to you their secret thoughts, and perhaps they could not do it. The fact is that many stop vomiting from one day to another.

A young girl seventeen years of age, mentally anorexic, vomited for many months almost all that she took. As soon as she was settled in the sanitarium I indicated to her that she must go upon a milk diet.

"But my daughter can not bear milk," said the mother to me; "she vomits even if she takes only a spoonful in her mouth."

"Don't worry, madam, she will not vomit," was my daring reply, and, in fact, she never did vomit.

A little girl thirteen years of age had also vomited for a long time. She had taken several treatments, always accompanied by her mother, who was as emotional as she. I isolated the little patient and won her confidence by not being too stern with her. She still vomited when her mother was there. By my advice the latter went away the same evening, and immediately the vomiting stopped.

In older, more intelligent patients one can trace the mental representations which lead to the cessation of the symptoms. The following case shows the stoicism which these patients can attain when they have understood the nature of their trouble.

A father came to tell me the story of his daughter, who had for three years suffered with gastric troubles and ungovernable vomiting. Her state of emaciation was such that she actually weighed at twenty-four years of age only fifty-three pounds, and that, after she had attained a weight of one hundred and twenty-two pounds at the age of sixteen years. Without seeing the patient, but having been put in touch with all the circumstances which had brought on this condition, I did not hesitate to advise rest cure and overfeeding.

The father would have been quite disposed to accept it, but he said there was an insurmountable obstacle: the young girl, very wilful, absolutely refused to enter upon any treatment of this kind. I then wrote to the patient. With the very precise information which her father had given me as a foundation, I described her whole history to her in detail. Without lying and without exaggerating, but with a very lively desire to win her confidence by praise, I referred to her high moral qualities, the altruism of which she had always given evidence and the energy in work which she had shown. Analyzing the successive states of mind which had been brought about by family circumstances, I pointed out to her the genesis of her

trouble. In short, describing the actual state of affairs, I placed her in this dilemma: "Either you will continue in this way (and then I see no other issue but death, for you are on the verge of physiological bankruptcy), or else you will bravely put yourself upon a course of overfeeding and complete rest; and these two measures, cutting down the expenses and increasing the receipts, will, I hope, lead to your cure."

This letter had a decided influence. She who had never even wanted to see a physician came to me immediately, and when, by word of mouth, I wanted to repeat these encouragements to her, she said to me, calmly: "That is not necessary, doctor, I understood. I will stay in bed and in isolation for I understand the necessity of it. I will not vomit any more, and I will eat all that you will give me!" The brave young woman undertook the work and did not have a single attack of vomiting.

One could believe that the improvement was due only to the physical measures and rest in bed and purely milk diet of the first few days. But the patient had just tried this treatment in another sanitarium. She had stayed in bed several weeks, and had taken nothing but milk in small quantities; nevertheless, she had not ceased to vomit. This was because she had not understood; the physician had not been able to establish in his patient the conviction of cure, and had not known how clearly to show her the means of obtaining it.

Unfortunately, in this case, this intelligent obedience was not to be rewarded. Acute phthisis set in. I immediately discontinued the isolation, in order to allow her parents to nurse their daughter and to be with her during her last days. If the patient had asked me to stop the overfeeding that I had ordered I should have yielded to her desire. But she was started in a certain direction and persisted in it. In spite of the fever, which varied from 102° to 104° F., in spite of the dyspnea of sixty respirations which left her scarcely time to swallow, she took her three full meals and milk between two of them, and I witnessed the strange phenomenon of a patient dying of acute consumption who succeeded each week (and that, be it understood, in the absence of all dropsical

phenomena) in making a gain of a pound in weight. The drama came to an end in five weeks by a sudden pneumothorax.

What had brought about the suppression of the vomiting and made the overfeeding possible was the change of mentality that was rationally obtained by a suggestive letter.

In another patient, with similar anorexia, who had also vomited for several months, the conversation took place under conditions which might awaken the idea of simulation. Contrary to what generally takes place, the patient continued to vomit. She took, obediently, every two hours, her glass of milk, but returned it a few minutes later. On the third day the Sister on the service called my attention to this anomaly. "It is curious," said she, "this is the first of our patients who has continued to vomit after she was established here. I believe that she wants to eat, because she asks me secretly to give her some bread, which I naturally refused."

These words gave me an idea. I went up to the patient; she had just vomited her milk. Then, avoiding all tone of reproach, I said to her, quietly: "Mademoiselle, I find myself in a good deal of difficulty. I told you that we would put you upon a purely milk diet for six days, and that on the seventh day we should be able to get to a hearty and varied diet. But I am very sorry to see that, as you can not stand even the milk, you would not be able to stand the rest. It looks as tho you would always have to live on milk. This is a very trying situation!" The same day the patient ceased to vomit.

Basing my experience on a great many observations, I do not hesitate to state that psychopathic anorexia, with or without vomiting, is always amenable to psychotherapy. I do not, in any wise, undervalue the favorable influence of rest and milk diet. I know also that with those patients whose mental condition borders on insanity isolation is imperative; it exercises an efficacious moral restraint upon the patients. But the cure is made by a psychic conversion under the influence of mental representations. Success depends upon the physician's gift of persuasion.

It is the same with distaste for food, sensations of constriction of the esophagus, which seem to hinder the taking of food, and pressure on the epigastrium, which gives the patient the feeling of satiety from the beginning of the meal. The moment you recognize that you have to do with a nervous patient, you should give up all aperients and antispasmodics. Show the patient that there are no mechanical obstacles there; insist upon the mental nature of the disease; make him understand the power of mental representations; insist, first of all, on the necessity of food, and on the imminent danger of denutrition; do not hesitate to hold before him the specter of tuberculosis, to which all patients in a poor physiological condition fall a prey; you will thus bring him back without any trouble to normal alimentation.

It is a mistake to believe that these educative measures can be used only on neurotics. To persuade patients and make them leap over obstacles by the power of encouragement alone is necessary in the majority of diseases. To the phthisical patient, who pleads his lack of appetite in order not to eat, I do not give remedies. I insist when I am with him, in order to get the idea fixed in his head, that he *must* eat, that he will never escape from the bonds of disease without strengthening himself. I hammer these premises into his head. Every patient with lung trouble who grows thinner is on the downward path; if he grows fat it is a fortunate sign. And I add: "But to grow fat you must eat. I can not get away from that; I can not eat for you; that will not fill you out!"

Then the patient, somewhat convinced, replies: "I will try, doctor."

"Try," I reply to him; "that is no good. The word 'try' implies an idea of doubt in the result, and doubt always diminishes our fervor; say: 'I will do it.'"

It is seldom that one does not attain the end by these simple counsels. When these symptoms are present I renounce all physical means; I have no need either of medicines, or douches, or massage. The only efficacious weapon is the word of encouragement.

The plan remains the same in the various dyspepsias with eructations, vomitings, sharp pain and heaviness in the stomach, dilatation and gastroptosis. It is bad to begin the treatment by admitting, in such cases, a primary affection of the stomach, or "stomachic nervousness." It is, on the contrary, the stomach which suffers from the counter effect of the nervous condition. Neurasthenia is not localized in an organ; it is mental.

In the majority of cases very real functional disorders exist; one may find not only dilatation but hyperchlorhydria and hypochlorhydria; the motility of the stomach may be involved. But all these troubles are secondary; they indicate nervous depression. It is easy to suppress this latter by moral means, and to bring the patient triumphantly back to a varied, hearty, and comforting diet.

I dare to state that ninety per cent. of dyspeptics are psychoneurotics, and that all these patients should have nothing to do with restricted diet and stomachic medication. It is on this point of doctrine that I differ radically from the great majority of my confrères.

I know very well that by entering somewhat into the views of the patient one can treat the stomach and improve the symptoms, and in this way act on the patient's mind. But for one neurasthenic who can be cured by this indirect therapeutic suggestion there are ten who owe the long duration of their trouble, and sometimes their incurability, to this method. I often see patients who were just on the point of seeing clearly, but who missed it through their autosuggestions, and these were brought about by their physician. Moreover, there were some who doubted the reality of their trouble and who were ready to neglect it. They were not permitted to do so. It was necessary for them to be classified and have a name given to their disease. They had to be sick according to the rules of the profession.

They are legion, these dyspeptic patients, who visit the watering-places every year, and who are never able to eat anything, but who are always in pain. At the start they have themselves limited their diet; for example, they have

drawn the line at cabbage and raw things, and the improvement obtained seemed to show that they were right. Later, the gastric troubles having reappeared, they have suppressed some other food. A new temporary improvement, but, at the same time, a new failure, prompted new restrictions. The physician who was called in succeeded in washing out the stomach. Then the patient believed himself attacked by dilatation of the stomach, and a still more severe régime was prescribed. Sometimes the patient goes to a stomach specialist who is a conscientious and clever man. He does not admit dilatation at the outset; he tests it by insufflation, and analyzes the gastric contents after a test meal. If this examination is negative the patient has a chance, for then the specialist recognizes that he is a "nervous case," and, without completely abolishing his rule of proportions, he will be able to improve the condition of his patient.

But, unfortunately for the latter, if there is any retention of food in his stomach, or hypoacidity, or if there is an excess of mucus, then the patient must remain on the list of those suffering from gastric disturbances. He must undergo lavage of the stomach, and must submit to prescriptions of exclusive diet, varying only according to the theoretical ideas of the physician in charge; the patient may be condemned to swallow raw meat; at other times he will get nothing but farinaceous food. One physician considers milk a poison, and does not hesitate to prescribe wine on an empty stomach or to make the patient eat as much as half a pound of sugar; another will put his patient upon a prolonged milk treatment. Here they will give him douches on the epigastrium; there they will electricize him inside and out. At last, in serious cases, they will nourish him with building up tonics from the drug-store—beef juice and phosphates.

And always the patient is plunged deeper and deeper into his gastric hypochondria, for this fixed idea has been carefully cultivated.

Fortunately it is not so tenacious as one would believe. The poor patients have already done a little reflecting for themselves, and I have seen some who, before having had

my advice, said to me: "I believe that they are wrong in treating me for my stomach; it seems to me that the trouble is rather with my nerves!" There are some even who, more royalist than the king, say quite frankly: "I believe that I imagine all that!"

Does this mean that there are no nervous gastric troubles? Evidently not. The stomach is an organ too often ill treated to be secured against idiopathic affections. The constitutional conditions, the diseases of neighboring glandular organs, the troubles of circulation and renal affections so act on it as to cause dyspeptic conditions. But I ought to say that, in the medical clientèle, these affections do not occur every day. The practitioner sees in a year several cases of cancer of the stomach and a few round ulcers. He will have to care for a few dyspepsias which have been caused by the abuse of alcoholic drinks, or by tobacco, or indiscretions of diet. As to the gastric troubles, which owe their origin to diathetic conditions, to valvular affections of the heart, and to nephritis, they are frequent, but they are often in the background of other more threatening symptoms, and it is only once in a while that the physician has recourse to symptomatic medication to combat these gastric complications.

Digestive troubles are also noticed in diseases of the brain, whether febrile or not, in meningitis, and in general paralysis. This last, above all, is often heralded at the start by gastric troubles, and I have seen physicians persist in treating patients as tho they had dilatation when their mental condition was so disturbed that insanity was pronounced and confinement necessary.

Melancholia, hypochondria, mania, and mental symptoms of circular insanities are often announced by anorexia, bad taste in the mouth, nausea, vomiting, dyspepsia, and constipation—all symptoms of what has been called nervous dyspepsia.

The alienists seem to me to have insisted too little on these gastro-intestinal troubles. They observe the patient only in the period when his mental troubles dominate the scene. The practitioner, on the contrary, sees the patients from the start,

when they still seem healthy in mind; and if he detects in them some melancholy mood, he is easily led to make the mistake of considering it as secondary and caused by the gastric pain.

Do not go about repeating the statement that nothing affects the temper like diseases of the stomach; it would be better to say that nothing troubles the functions of the stomach like moody tempers.

The error is old, and the impetuous Broussais [1] seems to have originated a suggestion which still persists to-day. It was he who deliberately put the cart before the horse when he said: "There is never any gastro-enteritis without some degree of cerebral irritation." And, further, "Hypochondria is, in effect, a chronic gastro-enteritis which acts forcibly on a brain predisposed to irritation. The majority of dyspepsias, gastrodynias, gastralgias, pyroses, cardialgias, and all the cravings, are in effect chronic gastro-enteritides."

Sometimes, nevertheless, Broussais recognized the psychic influence. "The passions," he says, "are sensations provoked, first of all, by instinct, excited and exaggerated by the attention which intelligence lends to them, in such a way as to make them predominant."

The influence of the mental representation on our sensations is distinctly marked in these words: "When the intelligence is occupied with ideas relative to the needs of the viscera or to the functions of a sense, the nerves of the viscera or of the sense are always in action, and bring sensations into the center of relation."

As I have indicated in a previous publication [2] Broussais found contradictors among the physicians of his own period.

I recommend all those who wish to examine into this question clearly to read a book of Barras, a physician of Swiss origin, who enjoyed great notoriety in Paris at the beginning of the last century. It is the *Traité sur les gastralgies et*

---

[1] *Examen des doctrines médicales et des systèmes de nosologie.* Par F. J. W. Broussais. Paris, 1821.

[2] "Des troubles gastro-intestinaux du nervosisme." *Revue de Médicine*, No. 7, 10 juillet, 1900.

entéralgies ou maladies nerveuses de l'estomac et des intestins. Paris, 1820.

In sixty precise and concise observations, followed by judicious reflections, the author shows the preponderating influence of the emotions in the etiology of nervousness with gastric manifestations. He rises up with spirit against Broussais and the physicians of the period, all more or less imbued with the so-called physiological doctrines, and who tried with all their strength to attribute nervous symptoms to a chronic gastro-enteritis. He himself was the subject of the first observation, which was the most detailed and the most interesting. He insisted on his eminently nervous constitution and his taciturn character which was naturally disposed to hypochondria. He related at length his sufferings, his various neuralgias, and his gastro-intestinal troubles. His consultations with the distinguished practitioners of the time are most interesting. Many of them were not very psychological, and only succeeded in frightening the patient and plunging him into unhealthy autosuggestions. With the exception of one, all were convinced of the presence of gastro-enteritis, and fought it with leeches on the epigastrium, gum arabic water, and a weakening diet.

His condition grew worse and worse, and, in spite of all, the patient persisted in this dismal way, with that strange perseverance which I have noticed as one of the characteristic symptoms of nervousness. He admitted it himself in these typical words: "And nevertheless I continued the antiphlogistic régime in spite of this formal indication to give it up! I can not explain my perseverance in a treatment so contrary to the disease with which I was afflicted."

The patient was cured in a day. His daughter was attacked with pulmonary phthisis, "and," said Barras, "*from the moment my attention was centered entirely upon my child I thought no more of myself, and I was cured.*"

One should read the discussions to which this cure gave rise in the medical world. Even after the cure the battle continued, and one of the sons of Æsculapius attempted to

prove that the patient never had been cured—that he had always been unquestionably afflicted with gastro-enteritis!

The situation is the same to-day. Dilatation of the stomach has replaced the famous gastro-enteritis, and in spite of this excellent book of Barras the influence of the mental over the physical has been forgotten anew.

The diagnosis of nervous dyspepsia is generally easy to make of the physician knows how to include the whole personality of the patient in his inscrutable glance. In certain cases only the gastric symptoms seem to predominate to such a degree that it becomes necessary to make a thorough examination of the stomach. One should determine the shape and position by palpation, and should resort to percussion, and even look at it with the X-rays. One should analyze the vomitus, test the acidity, and give a test meal. But I ought to say that when one is quite familiar with the dyspepsia of nervous patients it is rarely necessary to resort to these measures.

What strikes me, from the first conversation, are the contradictions which the patient makes. When he is asked, "Have you any appetite?" the response varies. One says: "I could have an appetite, but I do not dare to eat." Another has an irregular appetite—"capricious." A third claims that he can stand a heavy meal one day, but that he is often disturbed by some food that is easily digested. Many patients indicate at the start the influence of emotions. "It is annoyances which do me the most harm; with me everything goes to my stomach!"

If you inquire concerning the intestinal functions, you will see that the majority of the patients are troubled with habitual constipation. More rarely they are subject to diarrhea, and here again one notices the effect of the emotions. The expectation of an event or of a journey is enough to provoke the intestinal flow. The sleep is generally disturbed. There is insomnia, and distressing dreams. These are symptoms which are quite foreign to the symptomatology of gastric affections, or of cancer, or of round ulcer, or of the organic dyspepsias.

But chiefly the conversation with the patient reveals a whole

series of symptoms which can not be the consequence of a dyspeptic condition.

The patient suffers from headaches, which often suddenly replace the dyspepsia, taking its place for some weeks, months, or even years. It is not rare that from one day to another the transfer is made in the inverse sense, and that the headaches cease and the whole train of dyspeptic symptoms reappear. The patient has neurasthenic backaches, palpitation, without lesion of the heart. He has pains which remind one of precordial anguish. He is impressionable, emotional, and easily tired. Often you detect his irrationalism: he is headstrong, superstitious, and curious about spiritual phenomena. He attributes his dyspeptic troubles to foreign causes, like the subject of whom I spoke who was made sick by the sight of red. In many cases the purely hypochondriacal condition is evident in this sense: that the examination establishes the excellent functioning of the stomach and the intestines. These are the cases which have given rise to the saying that nervous dyspepsia is that in which there are subjective symptoms of dyspepsia when the examination shows the integrity of the organs and their functions. This is only true in the minority of cases. More often there is true dyspepsia.

As soon as one has recognized the nervousness one may go further, and briskly bring the patient back to healthy habits of living and cure him by simple persuasion.

Always ready to revise my views and criticize my own observations, I have sometimes been afraid of making an idol of my own opinion and of abusing the terms "nervous" and "psychic." I have been able to prove, on the contrary, that I have been too timid. It is, in fact, easy to exclude the organic defections, to reveal the ideogenic, hypochondriacal, or emotional origin of the symptoms; then, without any hesitation, one must have recourse to direct psychotherapy.

CHAPTER XXI

Treatment for Dyspeptics—Rest, Isolation, and Preparatory Milk Diet—Building Up by Overfeeding—Massage—The Value of these Measures — Necessity of Inducing Obedience by Persuasion — Results of the Treatment and Examples

I HAVE said that in serious and stubborn cases it is necessary to place the patient in conditions which facilitate mental treatment, and I have indicated as particularly favorable the measures known as Weir Mitchell's. Further, one can often dispense with isolation and rest and all physical measures, and confine one's self to psychotherapeutic influence. But one must have already had a vast therapeutic experience to pass over these aids, and I do not advise the beginner to go to the combat without these weapons.

I ought also to recommend to the physician who desires to ascertain the efficacy of these measures to be at first quite severe and to propose to his patient a plan of exact treatment without imprudent concessions. I insist on these important details, and I shall proceed to describe them exactly.

You have before you, I will suppose, a lady who complains of gastric troubles, anorexia, nausea, eructations, distention, and perhaps vomiting. She is emaciated to the last degree, weighs forty or fifty pounds less than in the periods of her life when she was in good health. Her tongue is slightly coated, her stomach temporarily dilated and disturbed. She is habitually constipated. In short, you detect in her the whole procession of nervous symptoms and the mental stigmata in particular.

If you have any doubts on the question of a gastric trouble grafted on to the nervousness, suspend your judgment and examine the stomach by all the clinical methods. But when you have reached the certainty that it is a question wholly of nervous dyspepsia, do not hesitate any longer to propose to your patient a treatment which consists of:

1. A stay of about two months in a well-organized sanitarium. The patient will protest, saying that it is very long. Make the reply that it is short when it is a question of a trouble which has lasted for years. Amplify this theme, and soon you will be granted more time than you have asked. The success depends only on your convincing conversation.

2. Complete rest in bed for the first six weeks. New recriminations will reach you for this advice, but they will be just as easy to dissipate.

Sometimes the patient sighs for this rest and accepts it from the start. If she does not see the reason for it, call her attention to the fact that the exhaustion indicates this measure, and that when one takes rest one can not take too much of it. Show her that one could perhaps attain the end with a less complete rest, but then it would take four months for the treatment instead of two! Your patient will then concur in your opinion.

3. Isolation. Here a patient will stop you and declare: "I could never stand that measure!" If your patient is emotional, if she is one of those who take all the trifling events of life tragically, if the family conditions are such that letters would lead to vexations, do not make concessions, but refuse to undertake the treatment under any other conditions than those that you have fixed. If you thus offer to break off the bargain your patient will accept your conditions.

But do not be unnecessarily severe. If the patient wishes to preserve some slight epistolary relations with a person who could exercise only a good influenc, if she wants a chambermaid who will undertake to work in the interests of the physician, if, even, a reasonable husband (for there are such) wants, from time to time, to make little visits, you may yield; but only do it when you are sure of not compromising the treatment. In general, complete isolation, without letters and without visits, is worth more. It is for you to know so well how to describe to your patient the value of these measures that she will accept them spontaneously. She must understand them so perfectly that she would rather be disposed to refuse concessions than to demand them.

Here, then, you have your patient installed, ready to follow your advice, and the question is now to bring her back to normal alimentation, or, rather, to the state of overfeeding.

In certain cases one can put her upon this feeding from the start, but it is wise not to offend too rudely her long-established autosuggestions, and to start out, for the sake of assuring the future, with a light preparatory milk treatment. It is useless to prolong this milk diet for whole weeks; it will impose upon the patient's willingness.

Six days, I have said, have always been sufficient for me to prepare the stomach for the overfeeding which will follow. Often the patient will tell you that she can not bear milk. Do not let yourself be put out of countenance, but state what is true: that milk is the most complete and the most easy to tolerate of all foods. It is useless to hurt the patient by saying, clumsily: "Those are only your ideas; you imagine all that!" No; state simply your convictions based on your long experience. Cite cases to support it. Nothing by force, everything by gentleness, ought to be the motto of the psychotherapeutist.

I have been accustomed to make out in writing a plan of this milk treatment in the following form (1 dose = 3 ounces):

	HOURS OF DAY								*In 24 Hours*
	7	9	11	1	3	5	7	9	
First Day.....	1	1	1	1	1	1	1	1	24 ounces
Second Day....	1½	1½	1½	1½	1½	1½	1½	1½	36 ounces
Third Day.....	2	2	2	2	2	2	1	2	48 ounces
Fourth Day....	3	2	2	3	2	2	3	2	57 ounces
Fifth Day.....	4	2	2	3	2	2	3	2	60 ounces
Sixth Day.....	4	2	2	3	2	2	3	2	60 ounces

On the sixth day add bread, butter, sweets, or honey at the first meal, with the 12 ounces of milk.

The milk ought to be drunk slowly in little swallows. I usually give it boiled and hot. The hours of the three future meals are marked by the larger quantities of milk at seven, one, and seven o'clock.

In ninety-eight out of a hundred patients this diet is borne without difficulty. If the patient complains of a bad taste in the mouth and shows you her white tongue, make the observation that that always happens with the liquid diet of milk, but that it will completely disappear by mastication, which is the only thing that will clean the tongue. If there is any distention, or eructation, or acidity, or even some vomiting, or a little diarrhea, persuade the patient gently not to pay any attention to it; say that it will pass away. Sometimes a diarrhea may be overcome by lime-water, or by a few doses of opium. Finally, the milk rarely produces a laxative effect, which necessitates the suspension of the milk diet. This period can then be cut short, and one can pass boldly on to overfeeding.

On the seventh day the regimen changes abruptly, and without transition you will prescribe: *Breakfast*—Twelve ounces of milk; bread, butter, honey, or preserves. At ten o'clock in the morning, eight ounces of milk. *For lunch* (*or dinner*), a full meal without permitting any choice. This should be varied and *copious,* but without wine. At four o'clock take eight ounces of milk. *Dinner* (*or supper*) should be equally copious. At nine o'clock eight ounces of milk should be taken.

If you have the gift of persuasion you will always succeed. Dispel all fears, and insist upon the necessity of overfeeding in order quickly to get out of the condition of malnutrition. If patients say they can not eat because it makes them constipated, make them understand that an abundant diet is the very best remedy against constipation; that the fecal materials are the dross of the digestion, and that in order to have easy and regular movements the food must contain enough undigestible matter, such as cellulose, to clear out the intestine. Large eaters are never constipated! Teach the patient to accustom his intestines to regular evacuations.

When constipation lasts more than three days, prescribe an enema, and, if it does not succeed, give it abundantly, with nearly a quart of warm water, and make the patient take it in the knee-elbow position, with the buttocks raised in such a way as to let the liquid flow as far as the transverse colon and to the cæcum. Get the patient to retain the enema a quarter of an hour. The large intestine will be relieved.

I hold that in all cases of nervous dyspepsia, and that is the most frequent of the dyspepsias, this régime of overfeeding is always well borne.

If your patient complains of the persistence of any troubles, take care not to treat these discomforts as tho they were of no consequence. On the contrary, sympathize with your patient, point out to him that nothing can be obtained without effort, and that, in his case, where the dyspepsia has lasted for years, it is not remarkable that overfeeding should produce some slight disturbance. Drop the remark that he has taken every precaution for years, and lived according to restrictions without having arrived at any result. He will then understand that it would be wise to return to his course of treatment and put himself bravely upon a building-up diet.

But, it will be said, why overfeeding? I have already said why, but I repeat the injunction. Because it leads rapidly to an improvement of the general condition which acts physically and morally on the patient: physically, because he is in a state of physiological misery; morally, because the proof of this progress encourages him. Success shows the patient the foolishness of his former fears. Normal alimentation is not sufficient to attain this double end. It leads only to slow progress, which does not encourage the patient who is always disposed to pessimism.

The effect of this treatment, from the point of view of nutrition, naturally varies according to cases. The first week, in which the food is still insufficient, does not, as a rule, show any increase of bodily weight.

Patients who ate very copiously before, grow thin. They may lose in the first seven days from one to seven pounds. There are some who remain stationary, their usual insufficient

diet being about equivalent to the milk diet. Only those who are very much emaciated succeed in gaining during the first week as much as one, two, or three pounds.

The result of the first week does not matter, but it is wise to have warned the patient about it before weighing him, for he is always disposed to put an unfavorable interpretation upon whatever loss of weight he may experience.

At the end of the second week there should be a marked increase. The more it grows, the more it determines the mental and physical well-being. The increase may vary from two and a half to ten pounds. The amount of seven pounds in a week, and even a pound and a quarter a day, is not rare, and I have seen as great an increase as eleven pounds and a half in a week.

One must remember to congratulate the patients who have succeeded, and especially to reassure those who have not made sufficient gain. It is useless to use authority and to treat the patient brusquely. It is sufficient to say to him: "You have not succeeded this week; well, you will succeed next week!" The evidence of failure must not discourage you; the only conclusion to draw is that we must do better next time.

A few examples will prove the efficacy of these measures when one knows how to put the necessity of them to the patients.

Mlle. C—— was a neurotic, fifty-one years of age, who who had for several years suffered intense cardiac pains, preventing the taking of food. She had been in bed for a year, and could not take more than a cup of tea with a little milk and a roll in twenty-four hours.

Thus she had fallen to ninety pounds when her height of five feet and eight inches required a weight of nearly one hundred and seventy-five pounds. She had the yellow color and the nasolabial furrows of a cancerous cachexia. Her skin remained in a fold when one pinched it together. All attempts made by two very energetic physicians to establish this patient on a better diet had not succeeded; she had not even been able to bear a little Revalesciere.

The patient desiring to enter my sanitarium, I yielded to her wish, but not without setting before her with an air of pleasantry my conditions. "You are not obliged to do anything, mademoiselle; I never use authority. But if you want to get out of there, and it seems to me that that would naturally be your desire, you will have to drink milk in increasing doses; then you will have to enter boldly upon a course of overfeeding, which will rapidly increase your weight. You can complain if you need to, but you will pardon me if on this occasion I show a very Platonic sympathy. It is probable that I shall not change your regimen at all, for my experience has always confirmed one idea, the result of reason, and that is a knowledge of the fact that to shrink back before obstacles is not to overcome them."

The patient came. She stood the milk diet for six days without the slightest trouble. On the seventh day she began to eat without any hesitation, and she overfed herself so well that in the second week she made a gain of ten pounds!

Once only, in the course of the second month, she said: "Doctor, I dare not take my milk at four o'clock, for I still have all my dinner in my stomach!" After having examined the stomachic region I ascertained that there was no symptom of distention whatsoever, and advised the patient to take her milk. The next day she said to me: "You were right: not only did the milk do me no harm, but, on the contrary, it took away the feeling of fulness which I experienced."

This was the only timid attempt at rebellion which the patient showed. She left the sanitarium cured, weighing one hundred and thirty-three pounds. She has not gone back to her state of ill health, altho the cares in her family, which had been a prominent factor in causing her sickness, were still burdensome to her.

M. X. was a lawyer thirty-six years of age, of tall stature, nearly five feet and eleven inches, who, as a result of overwork, had developed a neurasthenic condition.

Anorexia was complete, the tongue coated, and the patient could not stand anything at all. Milk, even in small doses,

caused gastric troubles, and in spite of rest in the country and the advice of a specialist for stomach diseases his condition had only grown worse. Moreover, the patient had reached a weight of one hundred and thirty-five pounds, about seventy-five pounds less than his normal weight. His discouraged physician sent him to me, saying that he had never before seen such a rebellious case or such a refractory disease.

My patient arrived four days before my departure for my vacation. He proposed to undergo the treatment, but to be free to go to some one else during my absence. I accepted, but said to him: "In this case the moral treatment will have to take place in these four days, for my confrère, who is excellent on the material side, has not been able, perhaps, to convince you. A sudden conversion is necessary in your case. You are going to begin on a milk diet."

"But, doctor, I can not take milk. For forty days I have not been able to take anything!"

"And you want to continue like that? Your answer is no, is it not? Then, as milk is the easiest of all foods to digest, you have got to begin on that!"

The following day my patient announced to me that he had digested his food very well. On the fourth day, on the eve of my departure, I said to him: "You are going to continue milk in increasing doses until the seventh day; then you will take three full meals, without any choice, and milk between meals."

"But, doctor, you must remember that it is a long time since I have been able to take anything!"

"Now I will ask you once more, do you want to remain in this distressing situation? Eat, I tell you! You have already protested against milk; but you have stood it splendidly. Now, remember my advice, three full meals, without any choice, and milk between two of them."

On my return the physician who took my place told me that he had not had the slightest trouble in treating the patient in the prescribed way. In five weeks he had gained thirty-one pounds.

M. G——, a lawyer thirty-five years of age, was slightly

unbalanced and haunted by the idea of gout, and, in addition to innumerable nervous troubles, had trouble with his stomach, and for fifteen years had lived upon a restricted diet. His physician had not been able to make him take strengthening food; he weighed one hundred and twenty-nine pounds, whereas he had formerly weighed one hundred and eighty-eight pounds. He was constipated, and had an antipathy to all remedies; he accused his physician of having made him sick by giving him a glass of Châtel-Guion water.

I succeeded in a single conversation in suppressing all his prejudices. From the first week, during the milk diet, he gained three pounds and a half; in the second he gained over eleven pounds; and at the end of eight weeks he had gained forty-three pounds, and for six months he lived a perfectly normal life.

This patient, who was undeniably a hypochondriac, fell back later into his fixed ideas concerning his inability to digest anything. I could not then succeed in convincing him, and he returned home and let himself die of inanition. I do not know whether in the end he committed suicide. But in the first attack, in spite of the decidedly psychotic nature of the disease, I was able to overcome the patient's resistence.

As I have written in my article already cited,[1] I could count, without any exaggeration, hundreds of cases of more or less severe gastro-intestinal dyspepsia which I have passed on from a restricted diet which had proved inefficacious to decided overfeeding. I have never had symptoms which have obliged me to go back, and these patients have succeeded in continuing this kind of eating without disordering the stomach; not only have they regained their strength and their normal embonpoint, but they have lost wholly or in part the various nervous troubles which accompanied their dyspepsia, not in consequence of the latter, but as concomitant symptoms of nervousness.

It is clear that this treatment, which consists in using a persuasive influence to win patients over to treatment by over-

[1] "Des troubles gastro-intestinaux du nervosisme." *Revue de Médicine*, No. 7, 10 juillet, 1900.

feeding, might have dangers when there was a question of organic trouble, such as cancer or round ulcer. Rest in bed and simple milk diet always give direct benefits to the digestive functions, and I have been able to bring about in a cancerous patient who refused operative intervention the cessation of vomiting and of pain, and a regular increase of weight of one pound a week. This method of treatment is also applied with advantage to all conditions of lack of nutrition, anemia, dyspeptic headaches, and constipation. I have seen rebellious headaches of long standing stop under the influence of this fortifying treatment. But it is chiefly when one has determined the nervous and psychic nature of the dyspepsia that this treatment may be energetically and unhesitatingly applied.

For, as I have said, and as I will repeat, the diagnosis of nervous dyspepsia is not based, as a rule, on the examination of the stomach and on chemical investigations. It is by the observation of the patient that one is able to detect in him the mental peculiarities of nervousness, or psychopathy. That is why it is so easy to cure such patients by rational psychotherapy.

One may, however, obtain the same results by hypnosis and plain suggestion, by intimidation or threats. The gastro-intestinal troubles are also as amenable to this somewhat uncertain therapeutic treatment, as are spasms, contractures, and sleeplessness, etc. But I do not like such measures.

My old friend, Professor Déjerine, of Paris, has, for a long time, used this psychotherapy which I prescribe in his practise. He has had the merit of applying it in the hospital, and he has shown that it is possible to obtain excellent results under these conditions. He expresses himself thus:[1]

"Since 1895, the period at which I began to use this method of treatment at La Salpêtrière, I have applied it to about two hundred cases of psychoneuroses, hysteria, neurasthenia, hysteroneurasthenia, mental anorexia, uncontrollable vomiting, etc. The observation of a certain number of pa-

[1] "Le traitement des psychoneuroses à l'hôpital par la méthode de l'isolement." *Revue neurologique*, No 15, décembre, 1902.

tients attacked by various forms of hysteria have been published in the thesis of my assistant, Manto;[2] others will be the subject of a more extended work which will be published in the near future by my internes, MM. Pagniez and Camus. For, of these two hundred cases of psychoneuroses which have passed through my service in the last seven years, I have only had to register two failures. I have had to do with very serious cases of hysteria and mental anorexias which entered into the service in a condition of extreme cachexia; neurasthenics having lost a third or half of their weight, and having symptoms of a hypochondriacal or melancholic state; functional gastropathies that had been treated without success for months and even years by gastro-therapeutics, the action of which had for the most part been harmful, for it had impressed still more markedly upon the brain of the patient—by the examination of the gastric juice, lavage of the stomach, and regulations as to diet—the idea of a true stomachic affection. Often, in short, colleagues from the hospitals have sent me neuropaths who were deeply affected, having spent a greater or less length of time in their service. But, in all cases, as well in those that were serious as in those of lesser intensity, I have always obtained favorable results, and I mean by that not merely a more or less marked improvement, but true cures. I will add, in conclusion, that, during the eight years that I have been at La Salpêtrière the symptoms have never lasted a week in my service."

From the point of view of the gravity of the cases I find myself in Berne under conditions which are particularly unfavorable or favorable, whichever one may have a mind to call them. My foreign clientèle is composed only of patients who have been ill a long time, and who, before deciding to seek a cure in another country, have made innumerable attempts at treatment at home. Really, I must say, they are the best of the nervous patients which my esteemed foreign confrères send to me.

Ah, well, in the last twenty years I have had to treat

[2] C. S. Manto. *Sur le traitement de l'hystérie à l'hôpital.* Thèse de Paris, 1899, Steinheil. (Observations on 23 patients.)

hundreds of cases of nervous dyspepsia, more or less complicated with other nervous troubles, and I can state that nothing is easier than to suppress all these symptoms in a few weeks. In consequence this part of the treatment has not, for the last ten years, interested me so particularly; it has become hackneyed to me.

For one or two days I have to take particular care to persuade my patient, but soon I no longer have to concern myself with his gastric troubles. It often happens that my patients pass on to the stage of overfeeding without knowing that we had already reached the seventh day. Formerly that was the decisive moment for me; now I am so persuaded beforehand that it will succeed that I forgot this date, and if I continue the daily psychotherapeutic conversations, it is to act on the mentality of the patient and to lead him to a sound philosophy of life.

Like Déjerine, I have been struck by the great inconveniences of the diagnostic researches of gastro-therapeutics. Far be it from me to wish to repudiate these methods of diagnosis; on the contrary, we ought to make every effort to refine our methods of examination. But there is an abyss between these psysiological experiments made on the man and clinical experience; our modern chemists leap lightly over it; alas! it is not they who break their heads, it is the poor patients.

The diagnosis by exploration, trial breakfasts, and chemical tests, ought to be reserved for the rare cases where there is reason for hesitating in diagnosis between nervousness and organic affections. To apply them to nearly every case of dyspepsia is merely to throw dust in the patient's eyes by giving him the illusion of having been well examined—I have detected many gastro-therapeutists in this state of mind which, perhaps unconsciously, is common to many specialists—or else to make useless scientific tests from which the patient often suffers.

Yes, the art of diagnosis is very refined, and I have been too long in the hospitals to have lost the love of precision; but there are many cases where this examination into details

shows merely a frankly selfish scientific curiosity on the part of the worker rather than a lively sympathy for the patient.

There are times when one must know how to shut one's eyes not to be on the lookout for danger. There is a certain cruelty in wanting at all hazards to make a precise diagnosis of tuberculosis, cancer, or serious affections in general. We must pay attention to them; even when we are silent and try to deceive the patient by giving her assurances of cure, we betray ourselves by a mania of wanting to employ all the methods of research. One must know enough to dispense with the thermometer when the presence of fever disturbs the patient, and with your search for bacilli when you run the risk of alarming his mind by them, for you can thus do him more harm than good.

The physician should not be only a wise man who practises on his patient a sort of vivisection, but he ought to be, before all, a man of heart who knows how to put himself in the place of those who suffer.

In the domain of nervousness this fallacious precision of diagnosis is dangerous. I have said that the idea and the mental representation play an important rôle in the genesis of all the psychoneuroses, and the physician runs a great risk of confirming the hypochondriacal condition of the patient.

The physician can only avoid this danger by developing these qualities of the observer in learning to judge his cases as a whole, without the need of exhausting all methods of research.

"One can't see the woods for the trees," says a German proverb, and I am astonished to see how many young physicians possessing all the working machinery of diagnosis do not know how to make a diagnosis.

It is because the art of diagnosis does not consist merely in gathering together a great many facts, but in coordinating those that one has been able to collect, in order to reach a clear conception of the situation. Along this line we might say: "Observations are not to be numbered, but weighed" (*Non numerandae sed ponderandae sunt observationes*).

CHAPTER XXII

Influence of Mental Representations on the Intestine — Abuse of the Word "Enteritis"—Emotional Diarrhea — Necessity of Combating this Psychic Sensibility — Fixation of Thought on Intestinal Troubles — Its Inconveniences — Physiological Experiences: Pavlow and Kronecker — Mucomembranous Colitis: Its Habitual Cause, Constipation

Tho one might not have paid particular attention to the frequency of nervous dyspepsias, he would have no difficulty in recognizing that emotions and mental representations can diminish the appetite, cause feelings of disgust, and disturb the digestion. Every one can find examples of such influence in his own life.

It seems, however, that one forgets the possibility of these reactions in considering the lower portions of the intestinal canal. Tho subjected to the control of the will, the intestinal movements seem to be put outside the pale of psychic influence. This is an error. There are as many intestinal disorders which are "nervous" and which may depend on the mental state as there are dyspepsias.

The nervous diarrheas in particular are very frequent, and physicians are wrong when, always anxious to employ technical phrases, they call them *enteritides.*

True enteritis—that is to say, inflammation of the intestinal mucous membrane—is a rare disease, resulting most frequently from chemical or microbic intoxications. It is often attended by fever, as is the case with the majority of the inflammations, and the clinical picture is wholly different from that of nervous diarrhea.

Nevertheless, my clients assure me every day, both verbally and by letter, that they are afflicted with chronic enteritis.

This enteritis, like dilatation of the stomach and enteroptosis, is the fashion, and a French confrère of much perspicacity once said smilingly to his patient: "But, madam, every self-respecting person to-day has dilatation of the stomach and enteritis!" And it is to combat this trouble that people go to drink the waters every year; that they live on restricted diet, eating nothing but meat, rice, eggs, and vegetable purées. It is for this that they irrigate the intestines and practise intestinal antisepsis!

For myself I can not accept these views. I will leave to the specialists in children's diseases the diarrheas of early life, which are often amenable to dietetic measures, altho I always feel a certain just distrust of the physician who is too much imbued with his power and who, in his prescriptions, departs too far from an ordinary diet.

I would treat by diet and medicines the various acute or chronic diarrheas which are due to some local affection of the intestine, but I do not hesitate to say that the majority of these so-called enteritides are only provoked or encouraged by nervousness, and that it is easy to cure them by advice which has more to do with moral than with physical hygiene.

Nothing is more frequent than emotional diarrhea: that of soldiers on the field of battle, of children who are frightened, and of ladies who are excited at the prospect of a journey or some social obligation that is slightly disturbing. By its frequent repetition this emotional reaction becomes easier, as in an erethrophobia in which the slightest psychic action drives the blood to the face, so much so that the patient blushes at everything and nothing.

What can one do to overcome such sensitiveness and to suppress this excessive reaction? Shall we prescribe opium or tannin? No! These means more frequently only give palliative results when they do not produce diametrically opposite effects to those that are expected. One must lessen the emotional tendency. It is necessary for the patient to understand the inconveniences of this psychic hyperesthesia and to make every effort to regard with great indifference and calm reasoning the events which have the power to disturb him. One

can bring patients to this state of mind by analyzing the situation with them, by teaching them to judge wisely and to arm themselves with logical reasons to diminish this reaction which takes place too readily. It is necessary for the patient to understand how much the attention, fixed on an organic phenomenon even independent of the will, can favor its production, that they may be inspired with all possible interest in diminishing the frequency of the reaction.

This idea must be fixed in their understanding by imagery. I have been accustomed to compare these reactions to the action of a bolt which runs the more easily the more it is used, and which rusts if it remains too long immovable. The patient then understands the possibility of little by little lessening the emotional and psychic action, and by this means the reaction which it has on the organism.

The task is often difficult, but it is always possible when the physician knows how to find just arguments, and to fit his conversation to the psychology of the subject. In many cases the patient's emotional tendency is so perceptible, and he points out so clearly the psychic influence which determines the intestinal flux, that it is easy to make a diagnosis of nervous diarrhea. But there are rarer cases in which it is difficult to differentiate the psychic influence.

I will quote an example. A man fifty-eight years of age consulted me for a chronic diarrhea which had resisted all the medications of a confrère who was as expert as he was prudent in his treatment. The latter had done so well that he embarrassed me by sending me the patient; he left me no possible weapon which he had not already employed without success. On the first examination I did not detect any apparent symptom of nervousness in the patient, except, perhaps, a slight sensitiveness, and a manner of complaining with tears in his eyes.

Thinking that there might be intestinal catarrh, perhaps even a neoplasm, I had recourse to diet and medication. Discouraged by my lack of success, I put the patient upon a copious and varied diet, a measure which had often succeeded for me in enteritis, even when of tuberculous origin. But the

diarrhea only increased every day, and I no longer knew which saint to invoke.

Little by little I became acquainted with the mental personality of the subject; I detected hypochondriacal tendencies and his inclination to think only of himself, and one day I turned on him, saying in a kindly, but somewhat crusty, manner: "But, my dear sir, I am beginning to think that your diarrhea which arose some day under whatever cause it may have been only lasts so long because you are always thinking of your intestines! Will you please try to forget it, and think of the people around you whose existence is made intolerable by your culinary demands. Your wife can no longer think of anything to cook for her tyrant!" On questioning the patient a little longer he acknowledged to me that he talked constantly of his diarrhea, and that he predicted its appearance to his wife before he had even touched the dish which she had prepared for him. He recognized without any trouble the rôle which his preoccupations had played. He continued a hearty diet which led to regular increase of weight, and the diarrhea stopped in the course of a few days. The patient was cured several years ago, and has only preserved a certain sensitiveness of the intestines to certain digressions in diet which it is easy for him to avoid.

More often nervous diarrhea is accompanied by gastric dyspepsia, anorexia, eructations, belchings, flatulency, and distinctly neurasthenic symptoms, such as headache and powerlessness to act. These patients, when kept in bed and on a preparatory milk treatment, stand overfeeding very well. I note the observation which follows, which has been summed up by the patient himself. It shows how, while treating intestinal troubles by measures diametrically opposed to the customary prescriptions, one can at the same time do a more important work, and give the patient, who has for a long time been in a helpless state, the power of complete and definite work.

I shall leave the observation in the summarized form as it was given to me by the patient, an intelligent young man thirty-two years of age, who summed it up for me in writing in these terms:

"Heredity arthritic and nervous. Mother delicate from the birth of her son.

"*First period*—Up to sixteen years of age, health good; muscle under-developed in the trunk and arms; occasionally slight intestinal disturbance; work easy, and generally carried on with too much zeal; regular exercise sufficient.

"*Second period*—From sixteen to twenty-three years, appearance of neurasthenia under the form of headache in social gatherings where the air was close; excessive fear of heat; work sometimes not very lucid; excessive emotions; failed to pass an examination on this account, altho well prepared.

"This neurasthenia is attributable to excessive intensity of thought, which was much too prolonged, and also to some physical fatigue while climbing in the Alps; passed examinations with success in spite of this nervous fatigue; underwent a year of military service without any apparent symptoms of neurasthenia.

"The undertaking of still more serious studies, and probably the influence of life without a family, and taking meals at a restaurant, brought on intestinal troubles, with atony and constipation alternating with diarrhea. The patient took. thereupon, local treatment by saline enemas charged with electricity; but, far from improving the condition, this treatment only irritated the intestine. Then followed a restricted diet, prescribed by a celebrated specialist, which resulted disastrously.

"Having undertaken new examinations with success, the patient recovered his elasticity of spirit, and experienced marked improvement; he took hydrotherapy, and the physicians ordered abandonment of studies on the ground that any intensity of thought could not be endured.

"*Third period*—From twenty-three to thirty the patient took up painting to kill time, but was obliged to give it up on account of nervous fatigue; led a desultory life without regular occupation; made trials of arsenical treatment at home; used glycerophosphates, etc., without the slightest success; at times had serious intestinal troubles with atony and an occasional clearing out of the intestines. No gastric dyspepsia

appeared, but there were variations of weight between one hundred and fifty-three and one hundred and forty pounds (without clothes), one hundred and fifty-three pounds having been the maximum weight throughout life. At twenty-five years the patient had had pleurisy, without effusion or fever.

"Married at twenty-six years of age, the patient continued this desultory life. At twenty-nine years of age, after excessive fatigue and poor nourishment in an officer's position in the Alps, he became seriously run down, with an appearance of gastric dyspepsia; work became more or less difficult, and the patient was often not very lucid.

"*Fourth period*—From thirty to thirty-two years. In May, 1896, the patient, by the formal advice of the physician, had given up all work, and little by little had stopped reading. He sojourned in a high altitude, which, on account of the hotel food, considerably aggravated the gastric condition. There was rapid decline of strength, which neither raw meat nor injections of serum could moderate. In the winter of 1896-1897 a second slight attack of pleurisy occurred. He took the rest cure, with small meals of raw meat (one-half pound per day), and a farinacious diet, without vegetables. There was aggravation of the general condition, and the weight fell to one hundred and thirty-three pounds. The impossibility of following any occupation whatsoever occurred, with complete exhaustion after a short visit to a friend. Injections of various serums were tried without success. The tongue was white, the patient being continually nauseated. There was constipation with evacuations of membrane and sharp pains in the colon. Acute putrid diarrhea followed, which was attributed to the digestion of spoiled meat; bloody stools; severe intestinal desquamation, and extreme emaciation. Unsuccessful treatment followed by benzo-naphthol, bitters, koumiss, and intestinal irrigations. However, on giving up all this, the disorder was reduced to a better condition in the summer of 1897, the patient able to resume walking, and standing it for two or three hours per day, the weight having increased to one hundred and forty pounds. He recovered his gaity and sociability, but reading was still impossible.

"A new course of hydrotherapy produced an aggravation from the start. Following the treatment came improvement. The weight increased slightly, and reading produced fatigue a little less. The gastric digestion was fairly good, but the régime of excluding vegetables and raw fruit was continued. Stools were much better, with a tendency to constipation, which required enemas. During the winter of 1897-1898 deplorable treatment in a hydrotherapeutic establishment was resorted to, with aggravation of intestinal troubles. A copious diarrhea followed the meals—frequent stools, sometimes twelve to fifteen a day, and often evacuation of pure mucus. Rest for a month in the south was taken without improvement. The sleep, which had been excellent heretofore, was now disturbed; the patient often stayed awake for three or four hours at night."

It was in this state that I undertook the treatment. The patient weighed at that time one hundred and thirty-three pounds; he looked very badly, with rings under his eyes. His appetite was fair, but after his meals he had belchings, diarrhea, and pains throughout the abdomen. After having learned of his condition and his antecedents I was able to say to my patient: "I have no hesitation in telling you that we have here no signs of chronic enteritis, but a neurasthenic condition with various troubles: physical and intellectual fatigability, insomnia, with gastric and intestinal troubles that are either coexistent or alternate. All that is nervous. Now there have been nine years that, like a June bug beating always against the same window, you have been trying to cure yourself by diet and medications and cold water. Now, do you not think that the time has come to start out in a diametrically different direction?"

The patient replied: "That is precisely what I have said for a long time. Give me your advice, and I will do all that you wish."

"Very well. I propose to you: (1) Rest in bed for six weeks, because you are in a state of exhaustion. There is no need for me to insist in order to make you understand the value of such economy of forces. (2) To prepare the stomach

you are going to go upon a milk diet for six days, then, without the least fear, you will take three regular hearty meals without choosing your food, and you will drink milk between meals. I know, as you can well see, that this is wholly opposed to the restricted diet that you have lived upon for so many years without any success, and that you have obeyed with a conscientious care that was worthy of better success. Your food, from the seventh day on, will be so abundant that I would not like to share it with you. I have a good stomach, but I can not stand such overfeeding. In order to keep up with you, I should have to go to bed and take a milk diet for six days: then there would be a pair of us!"

The patient bravely undertook the task without worrying over his gastric troubles or his diarrhea; he drank his milk and in the second week was able to take such an abundance of food that in seven days he gained nine pounds. His progress continued. The diarrhea diminished little by little; his strength came back, and at the end of fifty days his weight had increased from one hundred and thirty-three to one hundred and sixty-two pounds, or about half a pound a day.

At the end of the second week the improvement in the gastro-intestinal troubles was so evident that I could say: "You still suffer, I know; but as far as your so-called enteritis is concerned, we are perfectly assured of the future. I am so sure that you will little by little lose all these troubles that I may as well confess to you that I am not very much interested in this secondary question. What disturbs me about you is that at thirty years you are thus living a life of idleness, without work and without regular occupation. It is moral health that you need first of all, your physical health depends on it; but this confidence in yourself is something that you can never acquire by douches, benzo-naphthol, and glycero-phosphates. Forget your stomach and your intestines; bear bravely the discomforts, which the functioning of these organs still cause you, and try to get into your heart the ambition to lead an active and courageous life."

My patient looked at me for a moment in astonishment, and said: "What! do you believe that I could ever work

again? It is only a fortnight since my physician, who knows me well, said to me: 'My dear sir, you will have to give up trying to get rid of this enteritis; it is of too long standing; and you must continue for the rest of your life to live upon a very careful diet; it is not so distressing; you will see, one gets accustomed to it! As to work, you must not think of such a thing! Your capital of nervous strength will not allow it. You can only occupy yourself a little for your amusement, or to take up some unimportant thing.'"

I replied: "Your intestinal troubles will surely improve during the treatment of overfeeding. You are going to gradually get stronger. You are intelligent and have a taste for work; your whole state of helplessness is only due to your conviction of helplessness, and I advise you without the slightest hesitation to go back to an active life after your treatment is over."

The patient was quickly persuaded, and in spite of numerous discomforts during the rest of the treatment he was able to preserve a frankly optimistic disposition. I had more difficulty in convincing the patient's friends who, more fearful than he, made every effort to controvert his plans.

On his return home the patient began his reading and his book-work and took up a normal life. The exercise of walking was for a long time difficult, but the progress was, nevertheless, continued. A fortnight later I saw the patient again and improved, having kept the weight of one hundred and sixty-four pounds which he had acquired. He is not yet quite well, as the following note shows:

"1. Sleep always mediocre; frequent insomnia of two or three hours.

"2. Movements too soft. Pains tolerably well borne, especially during the period of insomnia. A feeling of rectal irritation with the need to go to the toilet in the daytime. These last symptoms more fugitive and generally yielding to distraction. Appetite often cut short by a feeling of intestinal irritation during the meal.

"3. Work possible, but still with frequent headaches."

I encouraged the patient to persist and to continue a nor-

mal diet, eating heartily enough of everything so as not to grow thin, and, above all, I urged him to work.

Ten days later he resumed his work. There was rapid improvement of all the symptoms. Since then he has not had any relapses. From time to time the patient complains somewhat of some intestinal troubles: flatulency and explosive diarrhea. He had for some time a cough that was a little suspicious, and which disturbed me on account of his having had two pleurisies. That was another very strong reason for me to insist upon a copious and varied diet, which is the only truly strengthening one. His power to work grew steadily. He could occupy a scientific position which offered, and his health has been excellent for the last six years. To-day he is a man who publishes scientific works of great value, who works twelve or fourteen hours a day, and at the same time lives a social life, and has no fear even for the polemics of the press, which are irritating to any one. A man of science and a philosopher, he lives a healthy and useful life.

This observation shows how gastro-intestinal troubles, which have resisted all treatment for ten years, will slowly but surely yield to a strengthening diet of overfeeding followed by a normal diet, if one knows how to dissipate the fears of the patient and to convince him that he can live like other people.

It also shows how one can give him confidence in himself and lead him back to an active life without even taking care to avoid overwork.

Every day, moreover, the physicians could detect in their patients this influence of the morale on the functions of the intestinal canal, and utilize these ideas to cure them. But they act on them in just the opposite sense; they make a diagnosis of enteritis without seeking the causes which have produced the intestinal trouble; they teach them to shrink back from obstacles instead of meeting them openly; they condemn them to a life of idleness, which encourages the hypochondriacal mentality common to nearly all the neuroses.

It must be admitted that physiology, such as we have been taught until now, does not open our eyes to these relations

of the physical and the moral. However, the dawn has come in this domain of exact experimental science.

In an authoritative work on the functions of the digestive glands Pavlow, of St. Petersburg,[1] has shown that in the dog the secretion of gastric juice is not stimulated, as had hitherto been believed, by the mechanical and chemical irritation of the gastric membrane, but that it is caused, first of all, by *desire,* or by mental representation. The *psychic appetite* is the most powerful stimulus to the digestive functions. A dog who is made to hope for the treat of a piece of meat by showing him the plate secretes the same quantity of gastric juice as another to whom three or four ounces of meat was given to chew.

The ignorance of this psychic influence has led the physiologist into erroneous conclusions. Tickling, through a fistula, the mucous membrane of the stomach with the end of a feather or a glass rod, they have been able to make the gastric juice well forth, and have thus thought to prove that mechanical irritation was enough. This reaction would not have been produced if the operator had washed his hands, so that there were no odors of food on them capable of exciting the desire of the animal.

Pavlow has also shown that the secretions of the stomach and the upper part of the intestine vary in their chemical composition according to the nature of the food introduced into the mouth, even when one avoids, by section of the esophagus, the entrance of food into the stomach.

By a nervous path the digestive glands are warned of the arrival of food, and prepare in advance the suitable digestants for the albumenoids and fats.

These statements confirm the clinical facts which I have hitherto observed. The best diet is a varied one; that which suits healthy people as well. A one-sided diet, whatever it may be, has its drawbacks in drying up the secretions through lack of use; and if the quantity of the prescribed food becomes too great, it exhausts the secretions which are useful.

---

[1] *The Work of the Intestinal Glands.* English translation, 1902.

In order to make the organs work one must lead them along and encourage their activity. I have obeyed this very simple therapeutic principle and have never had occasion to repent of it.

Another physiologist, Professor Kronecker of Berne, summed up before an audience of physicians one day his experiments on the peristaltic movements of the dog, studied by means of a silver ball introduced into an intestinal loop, isolated by Villa's method. The rapidity with which the ball reached the end of the isolated loop gave the measure of the rapidity of the intestinal movement. He noted the acceleration, which, however, was inconstant, provoked by the taking of food, and recalled the well-known fact of belchings in fasting; he indicated the acceleration by the movement and the action of massage of the abdomen, and then by these words: "Now, gentlemen, the thing that acts chiefly on the intestine of the dog is his emotions, whether joyful or sad; it is enough to threaten an animal with punishment or to make him hope for a walk with his master to see the silver ball reach the orifice more rapidly than under the influence of physical agencies."

If mental representations are enough to provoke secretions and accelerate the peristaltic movement in a dog, must not this intervention of the idea be still more powerful in man in whom the psychic life is so much more rich and complicated?

Does this mean that in all cases where one recognizes nervous influence in intestinal troubles, the success will be assured? No; there are cases, but they are exceptional, where one does not succeed in entirely suppressing this sensitiveness and the reaction which comes too easily. I have, however, always obtained improvement; but there are some people who are so constituted that they develop a diarrhea under the influence of the slightest chill, at the change of the seasons. Such patients are also sensitive to variations of diet, or else preserve some idiosyncrasy in respect to raw food. It is by regulating their life and making them strong in body and in spirit that one can improve their condition. There is a form

of enteritis concerning which I should insist, and that is one in which intestinal clearing out alternates with constipation, or one in which scanty stools are accompanied by mucous secretions. It is a paradoxical diarrhea which can exist with a constipation that produces it. I have seen hemorrhoids act in the same way following the introduction of some foreign body, such as a suppository.

This functional trouble is often accompanied by tenesmus all along the descending colon. The evacuations are composed almost entirely of mucus. There is in the rectum a hypersecretion of mucus analagous to that which is produced so abundantly in the esophagus in the presence of a sound.

These are conditions which are dignified by the terms "enteritis," "colitis," or "pseudomembranous proctitis," and which are treated by dietetic prescriptions, which have no action on the lower end of the intestines, or by medicated enemata, which only aggravate the trouble.

I have nothing against the names, altho I do not see the utility of repeating in Greek what the patient tells us in his mother tongue. It is not enough to prove the presence of the disorder; one must find the cause and bring it to an end.

Therefore it is the constipation which I blame. With the exception of a few cases of intestinal polypi or dysenteric affections, I have never seen idiopathic muco-membranous colitis. I have always seen it as the result of irregularities in the functioning of the intestine, and in particular as the result of habitual constipation. It is by treating this latter that one can get rid of the symptoms of rectal irritation.

CHAPTER XXIII

Habitual Constipation—Uselessness of Laxatives—Efficacy of Treatment by Training—Influence of Habit—Outline of Prescriptions Intended to Reestablish the Intestinal Function—Suggestive Influence—Psychology of Constipated Patients

Wise practitioners of all times have counseled keeping the bowels open. And the public seem to have taken this prescription very seriously. Naturally conservative, they cling to old ideas and one sees to-day a great many people purging themselves regularly just as they used to bleed themselves fifty years ago. Purgative preparations enjoy a great vogue, chiefly those which are laxative in effect, and which are thought to purify the blood.

Modern medicine has been inclined to renounce, and perhaps wrongly, evacuants, emetics, and purgatives. The need of making an attack on the intestine and of thus combating divers inflammations is not so often felt, but still we often have recourse to such preparations to overcome a common functional disturbance—namely, habitual constipation.

One has only to glance at the advertising pages of our periodicals to see how much these remedies are still used, for the supply is always equal to the demand. In short, constipation is an evil which of itself may lead to serious disorders, and which complicates the situation in various local and general affections. It is seldom that simple costiveness causes serious symptoms, and, since the rôle of the appendix has been demonstrated, one seldom hears of typhlitis stercoralis. However, one often sees, even in the absence of intestinal lesions, such repletion of the large intestine that one is obliged to resort to enemas and laxatives, and sometimes even to manual extraction of the feces.

Constipation is aggravated in women by inflammation of the uterus and its appendages; it is made worse by rectal distention for examination and gynecological treatment. In childbirth it often produces an access of fever which a purgative will eliminate. And, finally, in the course of feverish affections of any of the organs, it raises the temperature and increases the dyspnea. In all such cases the temporary constipation the treatment is formal. One must get a prompt evacuation, and nothing is more simple and efficacious than an enema or a purgative.

But the situation is by no means the same in chronic constipation. In 1886[1] I published my ideas on the treatment of this functional trouble; I will return to it in some detail, for the question presents a practical as well as a theoretic interest. The method which I prescribed gives constant effects, and throws a new light on the influence of ideas on our lower functions.

At the beginning of my practise I did as other do, and prescribed various laxatives for constipation. I gave the preference to preparations of aloes which, taken in the evening, led, without pain or discomfort, to a normal morning evacuation. For a certain time I was quite as satisfied as my patients with the result obtained, but my joy was not to last long.

Little by little my patients came back to me. One said: "Your pills do not act as well as they did; I have to take two or three of them; it seems to me that the intestine has become accustomed to them and will no longer respond." Another said: "They always have the same effect, but I do not want to be obliged to take pills forever, and when I stop I am more constipated than ever."

I then tried various laxatives which the pharmacists recommended as sovereign and exempt from all inconvenience; but I have always experienced the same results: very prompt action at the start, but inefficacy in the long run.

I therefore took a decided stand and gave up such reme-

[1] *Correspondenzblatt für Schweizer Aerzte*, No. 1, 1886.

dies altogether, and instituted a method of rational treatment by using the tendency to a regular habit, which is seen in all our physiological workings, and by prescribing some rules of diet.

The need of defecation is normally established by the accumulation of feces in the rectum, just as appetite is created by a certain degree of inanition or as sleep follows fatigue. One would make a great mistake not to consider these normal physiological stimuli. All our functions are regulated by habit. We often have an appetite at the hour for dinner, even when we have not spent our strength or exhausted our capital, and even when we have taken food a few hours before. Our eyelids grow heavy at the time when we habitually go to bed, even though we have displayed no particular activity during the daytime; and when we are accustomed to going to bed late, we can not go to sleep, altho by reason of hard physical or mental work we may be so tired that we are ready to say: "I can do no more."

I have seen persons whose evacuations were formerly very regular bring obstinate constipation upon themselves by a poor choice of the time devoted to this function. It was at an hour when the person was occupied and sometimes could not obey the call. The next day the need was felt at the same hour, and again the person resisted it. Later the intestine, whose warnings were neglected, felt the need less. The bonds of habit had been broken and constipation was established. I therefore thought of using this tendency of habit and of concentrating in the morning hours all the stimuli which could act upon the intestine.

I chose the morning because it is the time when we are freer to attend to these hygienic cares, and because normally, during the long night, the slow movement of the intestine has brought to the rectum all the waste products of our food. There is, therefore, in the morning an early invitation to go to the toilet which arises from the very accumulation of material.

The act of waking in itself constitutes a second stimulus. I know a number of people for whom the awakening of peris-

taltic movements follows the waking of their person. It is inconvenient, for they are obliged to immediately obey, and to jump out of the bed in which they were so comfortable.

The act of getting up with the movements of the body which are caused by one's toilet, the movement of putting on one's stockings and of getting into one's trousers has an effect like massage, which is so efficacious that I have had some people complain that they can not forego the need after having laced their first shoe.

Here are three invitations which follow one after the other, and which become habitual, especially if the time for rising follows the waking at a fixed time.

To take a glass of cold water on getting up is a measure which has often been recommended. Entering a stomach which has been empty since the evening before, the water stimulates the movement of the stomach, and the contraction extends throughout the intestine; this is a fourth stimulus. If the patient has noticed that warm or hot water succeeds better I do not insist on the cold water. If the patient is a smoker who has felt the good effects of a cigarette I permit him to use it.

The eating of breakfast, especially if it is quite hearty, and consists in part of bread and butter, particularly whole wheat or graham bread, also stimulates peristaltic movements. Honey may be a useful adjunct when a person can take it.

At this point one must establish the formation of the habit of going at a fixed hour by prescribing *regular training*. Let the patient go to the toilet an hour after the beginning of his breakfast and you will thus have caused six successive invitations to act upon the intestine, any one of which would have been enough for a subject who was not constipated, but a regular succession can alone overcome the intestinal apathy of your patient. The will has, in fact, considerable effect on defecation. The voluntary bringing into play of the abdominal pressure displaces the fecal masses, irritates the anal region, and induces the rectal peristaltic movement.

In short, the patient must be coaxed to take a hearty diet, and reminded of the adage: Large eaters are never consti-

pated. His attention may be called also to the laxative effects of a vegetable diet and fruits (the herbivora are scarcely ever subject to constipation), and one will have instituted a physiological treatment of constipation which will be found much more efficacious than all artificial means.

From the point of view of diet, the peasant and the workman, when they are not actually poverty-stricken, are better nourished than the people of the upper classes. Obliged to be satisfied with vegetables of little nutritive value, they are led to eat more in order to be nourished and have a satisfied feeling. Their intestine contains much waste food. Thus, a man of the people generally escapes constipation, obesity, and gout. The rich man, on the other hand, often eats three times too much, and, giving the preference to very nourishing and easily digestible foods, he becomes constipated, fat, and gouty, and, in addition to all, has the blues.

Physicians who prescribe a restricted diet for dyspeptics, forbidding them to eat vegetables and raw things, encourage the laziness of the intestinal canal as much as they can. Then, obliged to have recourse to enemas of water, or glycerine, or medications, or to the electrization of the intestine, they irritate these organs, and it is often to such ill-timed interventions that muco-membranous colitis is due, which they are obliged to cure later with astringent enemas.

This physiological method of intestinal treatment always succeeds in ordinary uncomplicated cases of chronic constipation, however protracted they may have been. Painful hemorrhoids may also indicate preliminary treatment, but if the pain is bearable the suppression of the constipation can lead to the cure of this complication.

I would dare say that the cure of constipation is certain if one uses these means, but if this treatment is to be efficacious it must be prescribed with entire conviction. This I insist upon, and to those who want to make the attempt I will give the following advice: (1) Draw the patient's attention to the inconveniences of laxatives and enemas; prohibit them altogether; burn your bridges without fear. (2) State that one *always* succeeds by this intelligent treatment. If you

have already had some success along such lines in your practise, describe them with convincing eloquence. (3) Ask your patient when he gets up and takes his breakfast. You can, to a certain degree, take his habits into account. If he gets up at half past seven, for example, give him the following prescription in writing: (*a*) 7:30 A.M.—Rise. (*b*) 7:45 A.M.—Drink a glass of cold water. For those who have a superstitious reverence for medication, give an infusion of quassia prepared the evening before. (*c*) 8 A.M.—Hearty breakfast, with milk, coffee, or tea, according to choice, and even chocolate for those who are not constipated by this food. Use bread (graham if possible) and butter, with honey or preserves. (*d*) 9 A.M.—Try to go to the toilet at a fixed hour. Do not go at any other time, and refuse to do so, saying to your intestine: "You would not move at nine o'clock: now you can wait until to-morrow!" (*e*) Use a copious diet, giving the preference to vegetable foods.

But do not be content with enumerating these measures and putting them on paper; explain them, comment upon them, and enumerate the "invitations" which the prescriptions contain. The patient will reply to you: "But I have already tried to go at a fixed hour. I have already taken a glass of cold water." You can reply to him: "My dear sir, six cannons can make a breach where one or two are not enough. Go on bravely and you will succeed!"

And, last of all, do not suppress the suggestive effect which you have just produced. An excellent confrère who for long years practised this treatment, told me that he was well satisfied with it, but that he had, nevertheless, had some failures. Astonished at this, I made him go over the prescriptions which he had given. They were as complete as tho I had dictated them myself. I tried to find the cause of the failure, when my confrère added: "However, I have never discouraged the patient, and I have told him if this does not work there are still other means!" This counter-suggestion was sufficient to explain his failures. When one wishes to convince one of anything it does not do to suggest the idea of possible failure.

During the first years the treatment which I had instituted gave me some regular successes; but they were too slow to convince me that they were due wholly to the training which created an intestinal habit. It would take a fortnight to three weeks to attain a result. The successes were there, however, and that fact gave me assurance. I dared to predict a cure in all sincerity. My influence grew, and soon I saw my patients cured in eight days or five days or three days. Emboldened by this, I was still more affirmative, until I saw patients regain the regularity of their stools on the day after a single consultation! Let me quote a few examples: Mme. H—— was a woman of good constitution in excellent health, but she had suffered for six years from a stubborn constipation. She had exhausted all laxatives, enemas, and massage. I sent her my prescriptions by writing. They were received with a skeptical smile by the patient and her husband. Happily for her, I no longer felt myself discountenanced by such an attitude, and I stoutly held to my saying that success would surely come. At the end of five days the stools were easy and regular, and the constipation never returned.

A confrère sent me a bottle of 200 grams of a liquid full of parings that resembled onion peelings. A microscopical examination showed that they were composed of mucous concretions, and a diagnosis of muco-membranous colitis was made. Then I saw the patient. She was an extremely nervous person, who had suffered martyrdom in her conjugal life. She slept little, ate almost nothing, and had an obstinate constipation which she had tried to overcome by enemas and purgatives. As a result there was intense irritation of the rectum, and a colitis, which the physician attempted to combat by medicated enemas of bismuth and rhatany.

I did not hesitate to propose the immediate cessation of all local treatment. Leaving the intestinal disorder out of the question as if of no importance, I tried to overcome the nervousness. I insisted on the necessity of overfeeding, and showed the advantages of this latter for the functioning of the large intestine. I toned up the patient's morale.

Success was not long in coming. The patient, encouraged, put my advice on overfeeding into practise, and soon felt much stronger. Her stools rapidly became easy and regular. The colitis disappeared, and the patient, whom I have often seen since, has never had a return of the same trouble.

A few years later, in a discussion with some confrères, the physician who had cared for the patient broke a lance in defense of my treatment. He confessed that at the first consultation he was afraid that I had lost my head when I proposed to give up all local treatment, but that soon he was obliged to recognize that the counsel was wise.

Mme. G—— was a young woman of frail constitution, with a suspicion of bronchial trouble. She had been treated for several years by the usual means for a gastro-intestinal dyspepsia with persistent constipation. She had just been through a treatment, as distressing as it was inefficacious, with a physician who was a specialist for the stomach. Thus she had grown thinner and thinner, and ran the risk of contracting consumption by reason of her malnutrition.

I detected in the patient the symptoms of an exaggerated moral impressionability, phobias, and hypochondriacal preoccupations. I prescribed for her my treatment for constipation, and, without concerning myself more with the symptoms, I pursued the treatment of the mind in daily conversations.

At the end of three days the stools were regular, the weight of the body had increased, the intelligent patient became stoically philosophical and went away cured. Imbued with the principles of the treatment, she was a help to all about her, bringing her friends into a healthy way of living.

A brother physician sent me his wife who, for six years, had suffered from constipation, for which she had used every kind of remedy without success. I saw the patient at eight o'clock on the evening of her arrival and prescribed for her the treatment of training. The next day she had her first spontaneous stool. During the three weeks that she spent with me she had no constipation, and she returned cured. A year later my confrère wrote to me that the result had continued, and that this treatment had had the happy effect

of rendering the headaches from which the patient had suffered much more rare.

Two years afterward the patient returned to me. Under the influence of moral preoccupation she had become nervous. The constipation had returned, and my confrère seemed disconsolate at this backsliding, because the patient had lost all confidence in the treatment. It took me only a half hour in conversation to show the patient that she was nervous, that the constipation was the result of moral depression, and to bring back her confidence in training. From that day her functions were reestablished. I have had no further information on the course of events, but to appreciate the efficacy of these measures it is sufficient to know that this constipation stopped between the evening and the following morning and that for two years there was no relapse.

The very presence even in the patient's mind of counter-suggestions it not a serious obstacle, as the following facts show:

Madame X., a young woman twenty-two years of age who had been sent to me, said on her arrival: "My stepsister, whom you cured of constipation, is very anxious to have me take your treatment, but, I confess to you, I have come without a shade of confidence!"

"In that case, madam, you had better go away again; but what are the causes of your serious doubts?"

"Oh, well, my stepsister was thin and ate nothing; her constipation was the result of insufficient food and it lasted a few years. You induced her to eat normally, and she grew strong and lost her constipation. That was all right, and I do not wish by any means to undervalue your merit in this treatment. But I am in a wholly different condition. I eat like an ogre; you could not make me eat any more; and, what is more, I have been constipated from my earliest childhood. This trouble was the torment of my mother when I was a baby!"

"That is no obstacle, madam! Follow these prescriptions which I will give you here in writing and it will pass away, believe me!" The very next day she had a spontaneous

movement, and at the end of three weeks she admitted complete success.

We are accustomed to hearing of the same kind of success from the hypnotizers. They often, by hypnosis or by suggestion made in the waking condition, succeed in reestablishing the function of the intestine, either during the séance or at its expiration.

Why have I not had recourse to this very simple means? Because I succeed quite as well with the prescriptions which I have enumerated, because I dislike to employ common subterfuges—that is to say, to put patients to sleep and pass my hand over the abdomen to create the idea that something has been done to them.

Friction on the abdomen, through the clothes or on the naked skin, only acts on the imagination, and it is useless to speak here of the centripetal stimuli, which, passing through the brain, are there transformed into centrifugal stimuli. That is too simple a way to explain the action of mental representations. Without doubt suggestion enters into these treatments—at least, when they have an almost immediate effect like those which I have related. The intestine is not trained in one day.

But the psychic phenomenon which brings about the cure is certainly complex, and it is worth the trouble to analyze it. There are cases where, by crude suggestion or rational persuasion, the only thing to do is to suppress a fixed idea of constipation. In fear of being constipated, the patient gets into the habit of using artificial means every day.

M. de T—— was a selfish and hypochondriacal old man who suffered continually with pain in the rectum. For twenty years he had taken an enema every day. He had never dared to try to do without one.

In a consultation I said to my confrère: "We shall never be able to rid this patient of his rectal pain (there was no reason evident) if we do not succeed in keeping his attention away from his rectum. We have got to make him stop his enemas." "I have been trying to do that for twenty years,"

replied the physician of the patient. "I shall be very much astonished if you succeed."

We returned to the patient, and I showed him the necessity of stopping enemas which could only irritate the intestine and keep the pain going. He immediately opposed me as tho he would not hear of it. There was veritable agony depicted on his countenance at such a proposition; he declared to me that a single day of constipation would be enough to plunge him into melancholy and to lead him to suicide!

In the face of these fears I adopted the manner of not wanting to take upon myself the responsibility of having been the cause of his death; but with a nonchalant air, and as if I were only speaking to my confrère, I expressed the idea that enemas taken every day could not always be tolerated without danger. There was danger of chronic irritation by the introduction of a tube, and by the contact of water with the mucous membrane; for it is well known that cancers occur spontaneously in these membranes which have been subject to mechanical or chemical irritations!

At these words the patient became restless. He saw himself already attacked by cancer. He consented to make the attempt to have a movement before the enema was used and to go without one for a day. He succeeded from the first day, and since then has had no more constipation!

I followed the patient's history for several years. He continued his training for a fixed period with such earnestness that he came to me very much disturbed on the day when the Swiss adopted the time of central Europe. He was afraid that this would upset all his habits!

I obtained the same success in a man forty-eight years of age who also had taken enemas every morning. I succeeded in suppressing his terror of the melancholia that he feared was threatening him, and from the next day the patient had spontaneous movements. It seemed to me that these patients were not truly constipated. They had the phobia of constipation and their foolish fears were overcome by a word.

I also attribute a very real reaction to overfeeding, to a somewhat vegetarian diet, and the glass of water taken on an

empty stomach on waking and getting up. All this contributes to the direct stimulation of peristaltic movement. Finally, in patients in whom the effect is obtained slowly, one can explain the result by the organic habit to which the intestine is just as much a slave as the other organs.

Suggestion and persuasion, which I shall always oppose one to the other, altho they often produce the same immediate effects, can also act by suppressing untoward voluntary influences.

Let me explain. The functioning of our splanchnic organs is automatic. It is the same with certain voluntary movements, which by their frequent repetition become automatic. The virtuoso does not voluntarily move his fingers; he lets them have free course on his instrument. The act of swallowing is accomplished as a reflex when the food reaches the back of the throat. Micturition and defecation are usually spontaneous. Therefore, when by an awkward effort the will intervenes in an act which is normally automatic, it disturbs the functioning of the organ.

The pianist may perhaps be stopped in his playing if he tries conscientiously to execute such or such a passage; he succeeds, on the other hand, if he lets the medullary centers act. Many persons can not swallow pills. Fearing lest they enter the larynx, they make voluntary efforts at swallowing that are so badly executed that they get the pill in the roof of their mouth.

The fear of not being able to urinate leads to retention, and there, also, suggestion and encouragement are enough to remove the obstacle. I have often found this to be so in my consultations. I have been accustomed to examine the urine of each of my patients during their visit, and to do this I ask the men to go into a closet close by. The usual reply is: "But, doctor, I can not; I have just urinated before coming to see you." I reply: "That makes no difference, one can urinate every five minutes." The patient is willing to try, but his efforts are in vain, and he comes back into my room, disappointed, saying: "Decidedly, it won't work!" I send him back, saying: "But pardon, it always works! Try it

over again, but do not strain; just let it come." These are two very different actions. In ninety-nine out of a hundred cases I obtain the desired result.

Something of the same kind happens in the voluntary attempt at defecation. In one it is the fear of not succeeding; in another the anticipated conviction of failure which encourages the physiological reaction. The desire to obtain the result too quickly may effect the nervous action; in short, the clumsy and too hasty intervention of the will may likewise lead to failure.

A good woman who had already succeeded a few times in obtaining a result spontaneously made the following observation: "When I try too hard I do not succeed; but, on the other hand, when I put on my spectacles and read a newspaper it comes of itself!"

This same treatment of training may be applied to other intestinal disorders, and to patients who under various influences pass from diarrhea to constipation. It is more difficult, it is true, to obtain results from it in chronic diarrheas. Whatever may be the disorder the necessity of creating good intestinal habits is always indicated.

But it is in habitual constipation that the method shows its constant efficacy. It acts in various ways: by physiological influences due to a hearty diet that is more vegetarian than animal; by the drinking of a glass of water; by the effects of habit created by making the attempt at a stated hour; by the suppression of various ideas which produce on these functions an inhibitory action.

I have indicated that there is a more complex psychology of constipation than one would think, and that the various mental representations can hinder functioning. Suggestion, like persuasion, suppresses these mental obstacles. If I have insisted so strenuously on this statement, it is chiefly because it constantly gives such valuable results. At the same time these phenomena bring up interesting questions of physiological psychology. This treatment may, in fact, serve as a sort of touchstone to test the mentality of the physician who uses it, as well as his therapeutic ability, and I would dare to

say to the physician who does not succeed in curing by these means the majority of cases of habitual constipation: "You do not seem to me to have the necessary qualities for the exercise of the art of healing. At all events, do not use hypnosis, nor suggestion in a waking state; do not think of psychotherapy; for you have neither the suggestive authority which works wonders, nor the gift of persuasion which will always be the dominant quality of the practising physician."

CHAPTER XXIV

Disturbances of Circulation — Emotional Tachycardia — Basedow Symptoms — Permanent Tachycardia: Its Existence in the Tuberculous — Arythmia: Intermittent, Accidental Murmurs — Suppression of Cardiac Disturbances by Psychotherapy — Nervous Dyspnea — Convulsive Cough — Stuttering — Nervous or Hysterical Aphonia — Mutism

The circulation is often disturbed in the psychoneuroses. Sometimes there are palpitations and cardiac troubles, sometimes phenomena of vascular contraction and vascular dilatation. The appearance of these disorders has nothing astonishing in it when one remembers how pallor and blushing express feelings of fear or shame. The heart participates so constantly in all our emotional movements that popular language considers the heart as the seat of the feelings, leaving to the brain the colder rôle of reasoning thought.

What one observes most frequently in nervous patients is emotional tachycardia. Patients do not always accept this adjective, because they do not clearly see the emotion which has accelerated the heart beats. But it is easy to detect it in the very act and to show them how almost always some conscious or subconscious psychic phenomenon has determined the cardiac trouble.

In many neurasthenic and hysterical patients one detects first of all variability of the heart rhythm. The moment the patient is approached the pulse becomes rapid. Sometimes it is normal at the start but accelerates from the time one begins to count it. A sudden noise or a question which frightens the patient is enough to make the heart gallop. Cardiographic researches have shown that these variations are possible in health; but the facility with which they become established indicates a degree of emotion in the patient, which is also manifested by the timidity and facility to blush.

In other patients the tachycardia is permanent, and seems more independent of the mental life. One would believe one's self in the presence of a case of undeveloped Basedow's disease, without goitre and without exophthalmia. The look is often slightly staring, the eye is brilliant and restless. The analogy is evident, and there is nothing to be astonished at. In spite of modern researches, which attribute the majority of the symptoms of exophthalmis goitre to hyperactivity of the thyroid, in spite of the evident success of certain surgical interventions, it is none the less true that in this disease we have to do with a nervous malady. Person's afflicted with Basedow's disease show the mental stigmata of the neuroses, particularly the exaggerated emotionalism, and, in looking into the past history of the patients, one verifies the fact that this nervousness has existed in them long before the beginning of the disease. One finds a neuropathic heredity in them. At last one finds Basedow's disease occurring in an acute and often fatal form under the sole influence of an emotion. In a few days I lost two patients in whom the disease became manifest on the day of the death of their husbands.

The forms of permanent tachycardia of the neuroses also seem due to an organic cause, perhaps to an autointoxication, secondary to a psychic condition. The prognosis is less favorable than when transient palpitations follow an emotional movement. We are always more disarmed when we can not discover the origin of the functional trouble.

One often observes this tachycardia, whether isolated or accompanied by a condition of psychoneurosis, of agitation, at the commencement of certain tuberculous affections. It is probable that the attack on the physical health determines, in such subjects as are naturally predisposed, this breaking out of nervousness. When one has to do with an agitated nervous person who has red cheeks, a permanent tachycardia and dyspnea, and who is rapidly growing thin, one must be careful. There is a snake in the grass, and auscultation will often reveal incipient tuberculosis.

There are, nevertheless, patients in whom permanent tachycardia is due to a psychic cause. There are patients who are

not overcome by any actual occurrence, but who live in a continual state of uneasiness, in an agony of expectation, without being able to analyze their fears. The mental condition being continually one of agitation, this emotional tachycardia becomes permanent, and it is then very difficult to suppress the cause and to undertake a promptly efficacious treatment.

Cardiac arythmia may be manifested not only by variations in the frequency of the tension of the pulse, but also by an intermittent action. Sometimes the dropped beats occur regularly, occurring after three, four, or five pulsations; sometimes they appear only at long intervals, as a false beat of the heart. I have felt some doubt as to the nervous nature of these irregularities. I would not dare state that they are not due to cardiac lesions or to intoxications. If the patient has reached the age of arteriosclerosis, or if he is a syphilitic of long standing, one must reserve his judgment.

I will express myself in the same dubious fashion on the subject of the soft murmurs which are heard at the apex over the ventricle or at the pulmonary valve, and which are designated by the name of accidental murmurs. We are by no means certain of the mechanism of their production. I ought, however, to say that I have observed these various troubles in the psychoneuroses without seeing any phenomena of stasis occurring later. I have been able, in several cases, to bring about a cure after a treatment which had improved the mental condition. It is just here that rest in bed during the treatment by isolation may act directly upon these functional troubles.

What is the course to pursue in the presence of these nervous cardiac disturbances?

One must first examine the patient. That goes without saying, you will say. Yes, that goes without saying; but nevertheless, it is not always done. It is by no means sufficient to lay one's ear negligently on the patient's breast against his clothes as so many practitioners do. It is necessary to make a thorough examination by inspection, palpation, percussion, and careful auscultation. One must take into consideration the condition of the liver and the lungs, analyze

the urine, and feel the pulse—not only to count it, but to determine its tension and character; one must note the slightest symptoms of stasis.

It is necessary for this examination to be sufficiently complete and sure for one to dare to be affirmative, so that he may with a good conscience declare to the patient that there is no trouble with the heart, and that his palpitations are nervous. One can, in this simple way, stop in a single day these cardiac troubles, which have for months, and even years resisted the greatest variety of medicines.

Here is an example: Mme. R—— was a young woman twenty-six years of age, who seemed to enjoy good health. She was somewhat thin, but the chief symptoms noticeable were evident signs of exaggerated emotionalism. She seemed restless and disconsolate at finding herself away from home and condemned to a treatment of isolation which her physician advised. For four months she had lived in such a nervous condition that it became unbearable to her friends. Every night she wakened with a great start; she was seized with palpitation of the heart, accompanied by the terrifying sensation of impending death. Her husband was obliged to get up every night to give her medicine. The physician of the village had been called in, and had tried in vain to calm the patient. They had a consultation in the city. The consultant diagnosed a condition of major hysteria, and, feeling himself incapable of taking care of the patient, sent her to me.

Her husband told me all this, and said to me: "My wife has such a fear of death that one can hardly say the dread word in her presence." In fact, the patient immediately burst into tears, and cried: "Oh, yes; if I have to die, I would rather die right away!"

I really had some trouble in making up my mind to undertake the treatment of one who possessed such a childish mentality. Seeing that she would not submit to isolation, I asked her husband to remain in town, thinking she would not hold out alone for a day, but would go away if he went. But nothing of the kind occurred. The patient established herself bravely. I examined her thoroughly and was able to say to

her: "Madam, you are young, vigorous, and in good health. Your constitution is excellent. The palpitations of your heart are only nervous. There are no symptoms of heart disease. However rapid your pulsations may be there will never be any danger. It is fear which throws you into this condition. Believe me, if you could lose your sense of fear, all these troubles would stop immediately. Do not forget that nothing can make the heart beat like the emotion of fear. Suppose that you do wake up with palpitation of the heart. It has arisen, perhaps, from an emotional dream which has been forgotton, or else it is due to the action of coffee or tea. How do I know? If, disturbed by this experience, you take fright, if you think of the possibility of a fatal result, you create an emotional state. Therefore, as emotion makes the heart beat, the pulse, which was beating at the rate of 100, is going to mount up to 120. At this number the discomfort increases and the emotion would seem still more justified. Then the pulse reaches 140. On the other hand, if you can persuade yourself that there is nothing the matter with you, you will lose your fears and your pulse will slow down."

The next morning I found the patient very brave; she had slept well and I was ready to delude myself with having cut all these symptoms short by a single conversation. But the conclusion was premature and I detected a preconceived idea in my patient. She explained her well-being for these two days by the fact that she was unwell, for she said that the palpitations always stopped during the time of her menstrual period, but reappeared on the very moment when the flow ceased.

I combated this autosuggestion by saying to her: "I agree that the coincidence may have been regular and your observation just. But please give up any idea of such a relation between a disastrous cause and effect. As long as you believe in the necessary succession of the phenomena, as long as toward the end of your periods you *expect* palpitation of the heart, it will be forthcoming. Do not think of your former experiences, however logical they may seem. Keep this syllogism in mind: 'I am young, strong, and healthy; I have no

disease of the heart, and no organic affection. I can not die of that!' Then your heart will cease to beat too quickly, the distress will disappear, and you will sleep like a child."

As I said, so it was. After a month I could not detect any cardiac trouble in her. It was not only that the palpitation had completely ceased, but the patient often awakened in the night in distress and seized with the heart beats which had hitherto gotten her husband and the physician up every night. But the idea never came to her to ring for the Sister. "I had some palpitation of the heart last night," she would say, smilingly, "but I quickly got rid of it. I recalled what you told me: that I had no disease of the heart and that one never died of nervous palpitation. I became quiet and turned over on the other side and went to sleep." I learned later that the cure had persisted. The patient only showed the slightest traces of nervousness in the presence of the daily cares of life.

Cases of this kind are not rare. Every year I see persons who for a long time have suffered from palpitations and who lose them after one or two conversations. There are some who still remain subject to tachycardia, but no longer suffer from it, because they have learned not to be disturbed by it. But there are also more rebellious neurasthenics, who understand all that is said to them, and even experience a relief for a few hours or days, but who fall back into their phobias which bring on the palpitations. Thus one must redouble one's patience and always return to the same subject, and hammer into the patient's head the idea of the complete lack of danger of these cardiac troubles. He must be convinced by the recital of former cases and successful cures; he must have a clear and precise theory of emotion set before him, with special stress put on the purely psychic origin of these phenomena. There are even incurable cases. It sometimes becomes impossible to calm the patient, or else, after a greater or less improvement, he falls back into his phobias and develops serious hypochondria.

The patients have a tendency to see a physical phenomenon in emotion, and I hear them say: "But, doctor, I can not,

nevertheless, keep myself from having palpitations when the presence of such or such a person or the announcement of such or such an event affects me."

"You are right," I reply; "you can not hold back an emotional feeling that has already commenced any more than you could stop the electric current when you have closed the circuit by pressing on the call button. But an excellent way to keep the bell from ringing is not to press the button. Learn to repress by a healthy confidence in yourself the timidity which makes your heart beat; force yourself to bear its annoyances with an easy stoicism. Thus you will keep your calmness of mind and your heart will stay quiet."

I never give medicines in such cases of tachycardia, or at most, only occasionally, to help the work along, I give a little bromide of potassium. As a rule, digitalis and strophanthus have as little effect in nervous tachycardia as in the tachycardia of Basedow's disease.

Medicines are not only useless, they are dangerous. If there are some cases where they act favorably by suggestion, there are others, more numerous, where the use of a remedy, particularly an anodyne, gives to the disease the stamp of reality, which is exactly what it ought not to have in the patient's mind. It awakens the idea of an organic affection when the first consideration of the physician ought to be to dissipate in the patient's mind all fear and all idea of danger. The physician who is sure of his diagnosis of nervous tachycardia ought to be able to prove it by psychotherapy.

It is the same in *nervous dyspnea.* One often notices disturbances of the respiration in the neuroses: slight acceleration of the respiratory movement, irregularities of rhythm, and sighs. Many complain of a purely subjective sensation of distress, but these symptoms pass almost unperceived in the midst of the gravest functional disorders. There are, nevertheless cases where a real dyspnea, causing frequent respirations (40, 50, or 60 a minute), seems to constitute either for a short time or during long periods the predominant symptom of nervousness.

The indication remains the same as in tachycardia: the

patient must be quieted and made to forget his dyspnœa. Often the only things necessary are a few statements corroborated by the attitude of the physician toward the patient.

M. X., a young man seventeen years of age, had suffered from rheumatism, and for a long time had shown hysteriform symptoms mingled with phobias, and morbid impulses which are sometimes very disturbing. He was afraid that he would throw himself out of the window, and plucked out his growing beard by the root, under the pretext that it was not beautiful. One day he even became delirious, and, believing himself to be a king, sat down upon a sofa, his throne, and placed his august feet upon a red cushion! It used to be the fashion to place these delirious obsessions in the group with insanities of degeneracy. Nevertheless, my patient has been very well for years. He was cured as easily as an ordinary neurasthenic.

I had already observed some dyspneic phenomena in this patient, when one day they came to call me into a neighboring room. The Sister had suddenly opened the door of the patient's room and quite desperately called to me:

"Come quickly, this gentleman can scarcely breathe."

"Well," I replied, tranquilly, "I will come as soon as I have finished my visit to madam," and I went on with my conversation. However, I cut it short a little; then, going into the room of my young man, I took good care not to rush to his aid. I walked placidly to the other end of the room, took a chair from there, carried it toward the patient's bed, placed it carefully on the rug, and lifted up the tails of my coat with special care, and with the greatest calmness asked what had happened.

The patient was already calmed, for he had perfect confidence in me; he knew that I was interested in him, and my calm attitude suggested to him a sense of well-being, and gave him assurance that he was by no means at the point of death.

I auscultated, felt his pulse, assured him that there was no danger and that he could lie down without fear. I gave him a little medical lecture, explaining to him that the true dyspnea

of cardiac, emphysematous, or renal origin, often necessitated the sitting position which he had taken, but that this attitude was of no service in dyspnea of psychic origin. At the end of a few moments my patient was breathing like anybody else, and from that time I did not have to concern myself with this symptom.

About a year later he was again taken with dyspneic symptoms at home. The physician who was called in spoke of pulmonary congestion, which frightened the patient exceedingly. He prescribed topical applications and sedatives. His condition only grew worse, and so much so that the patient came to see me. A thorough examination of the heart and lungs made me certain of nervous dyspnea. I dispelled all his fears by persuasion, and the cure was decided.

Before I had recognized the efficacy of this psychic therapy—it was during my residence as interne—I had cut short a dyspnea of this kind by a few doses of bromide.

It happened in a young girl nineteen years of age, who always breathed when awake at the rate of fifty-six respirations to the minute. The most careful examination did not reveal any lesion whatsoever; but, on the other hand, she did not have any stigmata of hysteria. This dyspnea lasted for some weeks without any cough or expectoration, and yielded neither to rest in bed nor to the anodynes which were successively tried. Morphine in particular had no effect. A few spoonfuls of ten per cent. solution of bromide had a definite effect upon this strange polypnea. To-day I suspect suggestion of having produced the effect.

A continual nervous, barking cough that comes and goes will often yield to the use of bromide when the indication is for rational measures. But I find often that suggestion is enough. The practise follows the preaching.

Mlle. C—— was a strong individual, eighteen years of age, who boarded in a little neighboring village. She found it pleasant there, and preferred to live with friends rather than in her family circle, which was not congenial to her. It was against her wish that she was taken from her *pension* to

consult me; for her first question after her examination was: "When can I return to my boarding-school?"

Appreciating the importance that there was in making the most of this state of mind, I replied: "Well, mademoiselle, I do not know. Just as long as you cough in this spasmodic way you can not return there. I am sorry for it, but this cough disturbs the lessons at which you are present and tires your teachers; and, furthermore, there is danger for your friends of nervous contagion. Stay at your mother's house and drink a little Ems water!" I myself was astonished when I found that this cough stopped between the evening and the morning, even tho it had lasted for some weeks before. The patient went back to her *pension* three days later!

In many cases it is not easy to hit upon the best means to detect the favorably psychological situation, and if one does not wish to resort to hypnosis he succeeds more often with preparations which soothe the cough. I give the preference to potassium bromide as inoffensive, but the further I progress in my career the more I try to find in the mental life of the subject the origin of the convulsive cough, and to discover the mental obstacles which oppose the cure. I have seen many patients whose hysterical symptoms, among which was a cough, were only due to unfavorable moral influences, resulting from family friction. It has often been possible for me to bring about a cure by withdrawing the patient from the midst of the family, and at other times by showing him the value of the spirit of endurance. It is always by studying the mentality of a subject and the way he feels and acts that one can succeed in revealing the causes of the trouble and in combating it.

The same psychological study is necessary in certain forms of emotional stuttering, in which the phonation is disturbed by irregularities of respiration.

It still remains for me to speak of a trouble of the respiratory apparatus—namely, *nervous aphonia.* It is an hysterical symptom, and one of the most characteristic, but I have said how little I keep to these names. This aphonia is observed, as well as hysterical mutism, in persons who have never shown

any other signs of serious nervousness, and who may be free from it all the rest of their lives.

Aphonia, like mutism, occurs always as the result of an autosuggestion of helplessness, whether it follows a movement of conscious or subconscious timidity, or whether it has for its starting-point a fortuitous trouble of phonation. Hoarseness, occasioned by a cold or by the inhalation of gas or dust, is enough to give rise to the mental representation of helplessness.

It is not always possible to follow in every case the association of ideas which has led to aphonia or mutism, but the very method of curing these troubles shows their psychic origin.

All physicians can cure these patients, and all means are good if they suggest the conviction of cure. Everything has been used for this end: douches, air treatment, and baths. The larynx has been electrified through the skin or by applying an electrode to the vocal cords. Faradization has succeeded as well as the application of static sprays or sparks. Cure has been suggested by the exercises of phonation and respiratory gymnastics. At Lyons, in the laryngological clinic, they suddenly compress the thorax while the patient makes the effort of phonation. A sound is produced by this sudden expiration; the patient believes that he can speak, and he speaks.

I have seen an aphonia cease suddenly under the influence of a medicative suggestion. A young girl fifteen years of age, who had formerly suffered from hysterical mutism, was taken with aphonia. She was all the more frightened by it because she had to take part the next day in a religious ceremony where she had to make a response. I told her that it was nothing at all, that it would pass away and that she would be able to speak the next day. I believe I could have been satisfied with this suggestive assurance, but, seized with timidity, I reflected that it really was a good deal to exact from the patient's credulity to thus predict a cure at a certain time, and, contrary to my own judgment, I helped the suggestion along by prescribing a tablet of antipyrine. Ten minutes after having taken it the young girl was talking. She has never suffered

any more from aphonia, and has never had any other nervous symptoms. When I saw the patient later I did not hesitate to reveal the secret to her and to remark that it was not the antipyrine that cured her, but the idea that she was going to be cured. The intelligent young woman, who is really a singer, saw the advantage there was in laying hold of the mechanism of the cure, and I believe that she is more apt to be immune to aphonia than she would have been if she had continued to put her confidence in the virtues of antipyrine.

In a case of aphonia lasting for six months I intentionally used a method of negative suggestion, which consists in ignoring the aphonia and not concerning myself with it at all. The patient had a whole list of functional troubles: insomnia, diarrhea, and pain in her legs. At her visit the patient said, in a voice which was wholly aphonic: "Doctor, I can not always speak."

I replied neither by yes nor no; I acted as though I had not heard her, and immediately I questioned her concerning her other symptoms. I thus tried to make her forget her trouble. This succeeded so well that two days later she was speaking out loud. Three weeks later she was reflecting on her cure, and she made one of those autosuggestions so familiar to nervous persons. "Doctor," she said, "I believe that it is the warmth of the bed that has cured my aphonia. I am very much afraid that it will come back when I go away, especially if it is cold weather."

Then I suddenly changed my tone. "Yes," I said to her, "your aphonia will come back. The moment that you suggest it to yourself in advance you will have it, and you will keep is just as long as you want it! But I can also tell you, if you really mean to keep the opposite idea in your head—that is to say, to drive out the idea of a relapse—you will be cured. Choose!" The patient went away cured, and had no relapse, in spite of the intense cold which was then prevalent.

Since then I have taken care, in all patients with hysterical aphonia, to neglect the aphonia just as I forget their hemianesthesia. I draw all their attention to their other troubles,

altho it may be more distressing for them, and I wait patiently until the voice comes back. I have never had to wait long.

That is why I do not dream of using hypnosis, or purely verbal suggestion, which often permits one to obtain a more rapid, but not a more sure, cure. In the majority of cases one can wait. I have shown that in this influence exercised on the patients afflicted with the various functional troubles of the digestive apparatus or the heart or the respiratory system, there is always an element of suggestion. To arouse in the patient the conviction of cure is the fundamental indication. It is impossible for me always to keep the patient from reaching this conviction by blind faith; but the fault, if fault there be, must be imputed to the subject. Personally I take care that my statements are rationally founded; I transmit to the patient only such convictions as are based on my psychological or physiological views. I try to make the patient follow the same paths, to explain, and to make him understand as clearly as possible the influence of mental representations on organic functions.

The hypnotizers act in the same way when they occasionally do not fear to apply the theory of suggestion. But they do not always do it, and often keep the patients in such a state of dependence that the patients are frightened by it. There are some, and among the most intelligent, who say to their suggester: "I do not know what you have in you, but you exercise a power over me which troubles me. I have the feeling that you could make me do anything that you wanted!"

I have never had this magic power attributed to me. On the contrary, I hear them say: "You have made me understand what has happened; you have shown me how I have come to be ill, and how I can be cured. Now that you have told me it seems very simple to me and I am a little astonished that I should not have found it out alone."

This is the only secret of a rational psychotherapy—to explain with patience and gentleness, varying the discourses according to the faculties of the questioner; make him under-

stand things and to use his logical faculties, so that he can for himself find the road to truth.

I can not, therefore, dismiss all suggestive influences from my treatment, but I have no need to employ them to put my patient on a sofa, and bend him under a yoke by putting him into a more or less profound sleep, and fixing his arms in catalepsy. I do not seek to plunge him into an atmosphere of hypnotism by receiving him in a softly carpeted, dimly lighted room and to make a favorable impression upon him by the sight of other people sleeping around.

However well intentioned they may be, these practises savor of charlatanism. I would adopt them if they were necessary for the patient's welfare. I have been able to do without them after having used them with a knowledge of their cause, and I am happy to have abandoned them.

CHAPTER XXV

Disturbances of Urinary Functions—Retention; Phobias—Nocturnal Incontinence — Polyuria — Pollakiuria — Qualitative Modifications of Urine — Disturbances of Sexual Life; Their Frequency in the Psychoneuroses—Sexual Psychopathy—Onanism—Physical and Psychic Influence—Menstruation and Menstrual Psychoses—Nervousness at the Menopause—The Critical Age—Possibility of Psychotherapeutic Intervention in these Various Conditions

The urinary system does not escape from the influence of psychoneuroses, and one sees retention of urine, incontinence, polyuria, and pollakiuria. The bladder and the kidneys may be the seat of various painful sensations.

Retention of urine is frequent among the hysterical. It is probable that to a certain degree distention of the bladder brings about a true paralysis, thus making evacuation impossible. The bladder may then contain several quarts, and it is necessary to use a catheter; one often succeeds also by manual expression, compressing the bladder with some degree of force and for a prolonged time. But this paretic condition is not primary, and the origin of the retention ought to be sought in the mentality of the subject. As in aphonia and astasia-abasia, there is in such cases, first and foremost, a conviction of helplessness. It is generally impossible to disentangle the skein of mental representation and to assign to this trouble of micturition any precise psychic cause. However, one will sometimes find it in feelings of embarrassment or timidity; at other times one recognizes the influence of letting the attention dwell upon the sexual organs, or of onanism and licentious thoughts. On these foundations phobias and scruples arise which are further exaggerated by reading books on popular medicine. In short, in the hysterical patient the

secret of helplessness escapes the physician as well as the patient. It is much easier to carry on this study with neurasthenic subjects, in men who are willing to confess.

I have very often observed troubles with micturition which have been designated—unhappily, according to my opinion—by the name of "urinary stuttering." Some young men of fifteen to twenty-five years of age find it impossible to pass the urine when they are intimidated. I have already indicated this difficulty in the majority of men when they are asked to urinate during consultation. If one encourages the subject and lets him alone, this wholly mental lack of power can easily be overcome. In emotional neuroses micturition becomes impossible if it has to be performed in the presence of another person. One sees in the hospital some patients who are unable to urinate in the open ward.

Many of my neurasthenics can not urinate in the public urinals. There are some who succeed if, by chance, they are alone, altho the fear of seeing somebody come in is enough to paralyze them.

These young people are usually very timid; they are sometimes morally chaste and excessively modest, but often they are very dissolute in thought, and only virtuous by excess of timidity in the presence of women. There are some who, living in a continual erotic erethism, give themselves up to masturbation. They have read pamphlets on the consequences of this vice, or else they imagine that their thoughts can be read in their face. These preoccupations begin to trouble the mechanism of micturition. One of my patients had read that onanism can lead to stricture, and knew about the gimlet jet of patients attacked with this affection. While urinating he fixed his attention on the form of the jet. He was persuaded that his neighbors observed it. He detected their malicious smile, and micturition became impossible.

The mockery of school comrades has often provoked troubles of this kind in very young boys, but they appear more often toward puberty, at the time when the young man becomes conscious of the dual urinary and genital rôle of his organs.

It is evident that the treatment of these phobias can not be other than psychotherapeutic. It consists in giving the patient confidence in himself. The physician ought to make himself his patient's friend, talk to him as a comrade, and make him understand that the obstacle is purely mental; but practitioners do not always think of that. They seek the cause in the genito-urinary organs, recommend perineal douches, pass refrigerent catheters, and treat the bladder with electricity.

This manner of proceeding is disastrous, it perverts the patient's mind and makes him hypochondriacal.

Other physicians, set in their ideas of original sin, make out to the patient that his licentious preoccupations are criminal, and describe to him in an exaggerated way the consequences of onanism, and create a regular mania of scruples in these unfortunates.

There are some patients in whom one is quickly able, by a single conversation, to dissipate these timidities and phobias and the whole series of hypochondriacal and neurasthenic symptoms, but there are some rebellious cases. Success depends at the same time upon the more or less firm mentality of the subject and the patience which he throws into the pursuit of his psychotherapeutic work, and the logic which he puts into his choice of means. I can not repeat often enough that local treatment only compromises the result.

Incontinence, chiefly nocturnal, is the rule in early infancy, and mothers know how to overcome it efficaciously by education. This incontinence persists in nervous and unbalanced subjects and sometimes constitutes a really incurable infirmity.

Often, however, one succeeds in curing it, but this result is obtained by such different ways that I had recognized the influence of the suggestion long before the hypnotizer had demonstrated the frequent efficacy of their proceedings.

In light cases one can attain the end by limiting the liquid food at the evening meal, in making the children urinate at a later hour, at the time when the parents go to bed, or even by interrupting their sleep for this purpose in the middle of the night. It is thus that good habits are created.

The use of belladonna preparations may give success, but I have often succeeded with such medicines as iron, even when the patient was not anemic, with bicarbonate of soda and hydrochloric acid. Others use electrization of the neck of the bladder, and, in a girl twenty years of age, I cut short the incontinence by intra-urethral faradization, when external application on the abdomen and perineum had been without results. Was there a true action on the part of the medication and the electricity, or was the suggestion the only thing? I incline toward the second alternative.

I confess that until now I have not had very clear ideas on the genesis and nature of this incontinence. Is it due to a spasm or to a paresis? Does it come from a dream under the influence of mental representations in the way that seminal loss follows a lascivious dream? In the present state of our ignorance it is difficult to use a wholly rational psychotherapy, and much more so when it concerns children.

This is one of those exceptional cases where I would not fear to have recourse to hypnosis, altho the attitude of the wonder-worker that one has to take is so repugnant to me that it brings a blush to my cheeks when I decide to use it.

These considerations do not apply, I hardly need say, to idiopathic nocturnal incontinence, and not to that which may be symptomatic, and sometimes the only sign of epilepsy.

Polyuria is frequent among nervous people. Every one knows the abundant and clear urine of spastic contraction which, in nervous women, alternates with the concentrated urine of oliguria.

I have often observed in simple neurasthenics a transitory polyuria, the quantity mounting up as high as three or four quarts in twenty-four hours. It has seemed to me to lead to a favorable prognosis, and I have always seen it cease in the course of the treatment which I had at the same time applied both mentally and physically to these conditions.

It is not at all the same with the persistent polyuria which is designated under the name of diabetes insipidus. The patients who are attacked by it are polydipsic as well as polyuric, without its being possible to say what bond united these

two parallel phenomena. There is evidently a disturbance in the functions of nutrition, and the fact that cranial traumatism may produce this malady seems to indicate the cerebral origin of the trouble. In the cases which I have observed I have always found symptoms of mental disequilibrium, and even, in periods, some unquestionably psychotic conditions. My efforts to cure such polyuria have been in vain.

Psychotherapy recovers its rights in pollakiuria. This trouble generally, but not necessarily, accompanies polyuria; there are some patients whose bladders become dilated, and who can pass large quantities of urine without the number of micturitions being perceptibly increased.

But when one observes pollakiuria without palyuria, and by rigorous clinical examination can exclude all affection of the bladder, of the urine, or of the kidneys, it is necessary to recognize the psychic nature of the trouble and to treat it as such by advice.

M. W—— was a neurasthenic twenty-eight years of age, whom I treated for several weeks for vertigo, headaches, phobias, and a transient attack of melancholia. He was on the road to improvement, when one day he announced with fright that he was attacked by a new trouble and was obliged to urinate from eight to ten times in the course of the night. Altho I had already had some suspicion of the nature of this sudden pollakiuria, I took good care not to throw out the suggestion that the trouble was nervous. I delayed my judgment, and asked the patient to measure the quantity of urine which he passed during twenty-four hours. The first day he went as high as 1700 c. c., and on the second to 1800. I found no albumen, sugar, or excess of phosphates; it contained no abnormal cellular elements.

Having thus duly established the integrity of the urinary organs, I made this speech to my patient: "You have no disease of the bladder or of the kidneys, and, considering your antecedents and the manner in which this trouble has developed, I have the right to consider it as nervous. The human bladder, when it is in a healthy condition, and yours is normal, can contain about 300 c. c. of urine without there

being any imperious need of urinating. You pass a little more than 1800 c. c. a day—that is to say, slightly more than in a normal condition, by reason of the overfeeding which you practise. Therefore, 1800 divided by 300 gives 6; you have the right to urinate six times in twenty-four hours, or, if you like, five times in the day and once at night!"

"But," replied the patient, "you are very good to say to me 'You have the right!' But when I am obliged to urinate ten times, what can I do about it, and where does this strange difficulty come from?"

"My dear sir, if you urinate so often it is because you think about it! You have once—by chance, perhaps—been awakened by the need of urinating, and, with your uneasy mind, you have been asking yourself what was the matter. Your attention has been bearing on this trifling disorder; it has become an expectant attention. Now, nothing gives rise to the need of urinating like thinking about it. Get it into your head that there is nothing diseased about it and you will pass your urine as everybody else does—five or six times a day!"

The next morning my patient received me, exclaiming: "That's all right! I have urinated five times in the day and once at night. I even wanted to suppress this nocturnal evacuation which troubles my rest!"

"Good!" I replied. And from that time on the pollakiuria has never reappeared.

The patient furnished me, at the end of his cure, with a very typical example of what the moral attitude could do in neurasthenic states. He had been going out for a few days, and seemed to be a little timid in his walks. I thought I ought to try to get him to make more effort, and I advised him to go to town and visit a museum. It was very warm that day, and I could not help but ask myself if the prolonged walk would not bring on some nervous troubles. I hesitated to draw the patient's attention to the possibility, in the fear of suggesting discomfort to him. On the other hand, it seemed to me imprudent to let him go without having braced up his attitude.

"Go," I said to him, "and if you are taken with any

discomfort, such as dizziness or headaches or uneasy feelings, I count on your strength to rise above such trifles."

"Have no fear," said he, with assurance, "I shall know how to get over that!"

The next morning I found him in very good spirits, and he related what follows: "Yesterday, according to your advice, I went to town, and for the first hour all went very well; but when I had to pass over a bridge I was taken with dizziness, a sort of indefinable discomfort, and it took a good deal of courage to continue. This was still worse when I entered the historical museum. I was seized with all the troubles of which I complained before my treatment. Suddenly I felt myself bored and sad and ready to weep; I felt a sense of pressure in my head; the dizziness became unbearable, and I was going to go out without having visited the museum, when my eyes fell on a flag which bore on the arms of a white cross these words in letters of gold: 'Honor to courage, to weakness, shame!' 'Ah, yes; to weakness shame!' I cried, and as if by enchantment all my discomforts disappeared. I was able to visit the rest of the museum and to take that long walk home in very good condition and proud of my success."

The patient remained cured and has never had occasion to put into execution the advice which I then gave him. "If ever you are taken with these troubles, think of the magic flag, and you will be cured!"

The following year I had occasion to observe a new case of this nervous pollakiuria. It, likewise, came about suddenly in a neurasthenic patient who was much improved by the Weir Mitchell treatment, and when he was still in bed, enjoyed physical and moral rest. It was enough for me to relate my observations on the patient which I have just described to reduce the micturitions to the normal number.

The qualitative modifications of the urine have no importance in the diagnosis or prognosis of the psychoneuroses. They do not throw the slightest light on the pathogeny of the symptoms. These variations in the chemical composition of the urine are wholly secondary and due to innumerable functional disorders which result from anorexia and insufficient

or defective food; sometimes from boulimia, or diarrhea, or constipation.

The inversion of the formula of the phosphates is not sufficient as a characteristic upon which a diagnosis of hysteria can be based. It is only a minor detail among the functional disturbances of the major psychoneuroses.

Phosphaturia is frequent among neurasthenics, and it is often so marked that the urine comes frothing from the urethra. I have not yet been able to determine exactly if this is a question of a real excess of phosphates, or if it be only an abnormal precipitation by virtue of the chemical reaction of the urine. In all the patients whom I have examined the fresh urine presents a more or less alkaline reaction, explaining the phosphatic deposit, without which there would have been reason to admit a superabundance of phosphates. As to the deposits of urates, they are formed more often merely by the chilling of the concentrated urine, and it is a pity that so many physicians lay so much stress on a red sediment and give their neurasthenic patients another new phobia, that of uric acid gravel.

I have observed in weak and tired neurasthenics slight albuminuria without casts and without cellular elements. They have been cured by rest and strengthening food. I have also been able to detect the influence of overwork, chiefly intellectual, on alimentary glycosuria. The quantity of sugar increases in the periods of fatigue.

But these are consequences of the least importance to nervousness. These chemical troubles of nutrition generally yield to the action of physical modes of treatment, rest, or, on the contrary, suitable gymnastics, and rational food. The moral condition, by the effect which it has upon the functioning of the body, also acts on these disorders.

In short, the urology of the psychoneuroses has not yet been made, and it will not be so long as one limits one's self to superficial examinations which often do not even extend over the quantity of urine voided in twenty-four hours, and in which no count is taken of the patient's diet. It is even probable that the examination of the urine will never be any-

thing other than of trifling importance, and will only reveal secondary troubles. It is only throwing dust in the patient's eyes, in cases of nervousness, to have the pharmacists make a detailed analysis, as if this examination was going to throw light upon the cause of the trouble.

A still closer connection is established between the psychoneuroses and the sexual life, and if patients were a little less discreet on this point we should see that there is very little " nervousness " in those who have no sexual disturbances.

We have seen that in the animal the venereal orgasm has the character of a violent nervous crisis and of an emotional movement. In the rutting time the animal changes its character; it undergoes a passional crisis, and one knows how much castration modifies the mentality of the domestic animals. In man this particular functioning is less physiological. His desires no longer awaken at regular periods, under the sole influence of the internal workings of his organs of generation; they flare up with the greatest facility by a play of the imagination.

I must send you to special works for the description of the multiple aberrations of the sexual instinct which have been summed up under the name of " psychopathia sexualis." In sadism, masochism, sodomy, and tribadism the organic functions may be normal; the disorder is purely psychic and moral. We are in the territory of psychiatry.

The prognosis of these psychopathies is very unfavorable. One finds in the majority of these subjects a complete absence of morality against which it is useless to struggle. Other patients, nevertheless, suffer from their slavery and are more or less accessible to moral treatment. In short, in lesser degrees the trouble diminishes. It seems to be nothing more than an immorality which has formed at puberty or some time in adult age certain vicious habits, and it becomes easy for the physician who knows how to make a friend of his patient to put him on the right road. Under these mild forms peculiarities abound in sexual life, and it is not easy to trace the boundary between the normal exercise of the sexual function and libertinism.

The onanism practised with frenzy in childhood, persisting to adult age in married men or in those who are able to exercise normal sexual functions, is a symptom of mental disequilibrium. There are some who even have nocturnal pollutions which continue in conditions when the need is normally satisfied. This erethism is pathological. The fatigue which results from these excesses or from nocturnal losses aggravates the mental condition of the patient. There is thus established a vicious circle.

On the contrary, onanism in the child at the beginning of puberty is almost normal. I have read somewhere that a German physician had made statistical study, and had found onanism in ninety-nine per cent. of boys. Now, our neighbors beyond the Rhine are not notorious for vice, and this result deserves consideration. It is not astonishing if one considers that desires awaken at an age when reason is not yet formed, often even long before the establishment of the spermatic function. These habits generally disappear in the young man, whether, by following the easy morals of the world, he falls between Scylla and Charybdis by going with women, or marries young, or whether, in short, being better endowed morally, he knows enough to give up disgusting habits and remain chaste even when his position may delay the period of his marriage or forbid it.

Far be it from my thought to deny that sexual excesses or onanism have no effect upon the health. Nothing weakens the organism like the frequent repetition of this nervous crisis. A neurasthenic condition follows this outbreak: *omne animal post coitum triste*. It is not rare to come across neurasthenics who are incapable of bearing the consequences of the sexual act. It seems to exhaust the reserve of their nervous capital.

On the other hand, the moderate exercise of the sexual functions can create a salutary euphoria and calm the nerves, even in sick people; it favors sleep, and sometimes causes painful mental states of anxiety and vague unrest to cease. There are some physicians who conclude from this that continence is unhealthy, and I have seen them advise young neur-

asthenics of sixteen and seventeen years of age to have connection with women. That was their treatment of a psychoneurosis!

The chastity of priests worthy of the name shows us that continence has no dangers, and there are more neurasthenics among those who allow free course to their sensuality than among those who know, for altruistic or moral reasons, and for as long as these emotions exist, how to escape from the yoke of animalism.

A just respect for feminine modesty prevents the physician from collecting exact data concerning the erotic life of women. I am led to believe that, consciously or unconsciously, women submit to this yoke more often than they think, and that sensual preoccupations—often very vague, I admit—play a rôle in the development of their nervousness.

But if I recognize the pathogenic influence not only of excesses but even of conscious or subconscious erotic mental representation, I can not protest enough against its exaggerations. There are some physicians who seem to take a lascivious pleasure in spying out these weaknesses and putting indiscreet questions to their patients. It is chiefly in hysteria that they are pleased to scrutinize the intimate life of their patients. Do not these physicians lend to their patients something of their slightly salacious mentality?

Many neurasthenics attribute the troubles with which they are afflicted to the habits of onanism which they practised in childhood. They have more often gotten this idea from the numerous books that are published on the dangers of masturbation by well-meaning but incompetent people or by charlatans. It is in these patients that one so often observes psychic sexual impotence which is the most common of all the troubles. Timorous or doubtful of themselves, they approach the sexual relation in an emotional state which renders it impossible. The ejaculation is often premature; the erection remains incomplete or ceases too quickly. One sometimes finds that this impotence is established later in life in married men and in fathers of a family.

I do not hesitate in all these cases to boldly dispel the

patient's fears. He must learn to pass a sponge over his past and wipe out his phobias. I show him that he has only become sexually neurasthenic and powerless from the day when he read some pamphlet on this subject, or since he allowed some useless remorse to become fixed in his heart. I dare tell him that his old mistakes to which he must not return mean nothing at all in his condition. It often happens to me that I am thus enabled to raise my patient's courage in a single conversation and to give him this healthy confidence in his success, which is so necessary in all that he undertakes; for the amorous undertaking, however natural it may be, is none the less difficult.

Psychic powerlessness occurs as the result of other mental representations. One sees it following all untimely emotions; it occurs often slightly between lovers, sudden remorse arising on account of an infidelity or an unpleasant memory; spite caused by visible indifference in one of the interested parties. It is of no use to throw a stream of cold water on the incendiary who has lighted the fire. I have seen this helplessness established in a husband who had to accompany his wife to the gynecologist and who had found the postures which he saw there rather lacking in estheticism. The charm was broken.

I have also detected in these impotent people other signs of nervousness. They are chiefly impressionable people incapable of resisting their first feeling and of correcting their autosuggestion. They are timid people who doubt themselves and who believe themselves in every domain to be unequal to their duty.

On the other hand, I have found incurable impotence due to total absence of genetic sense more compatible with psychic health. There are men who have never had an erection, nor even a seminal discharge. These unfortunates do not often perceive their infirmity, and I have known several who have married in order to have the joys of a family and have not discovered until then that they were incurably impotent. This condition often accompanies aspermia and enters rather into the class of somatic degeneracies.

In women, in spite of their frigidity, due in great part to the education which they get between themselves, the regular exercise of the sexual functions and maternity seem to exercise a good influence on the health. One more often finds the conditions of psychoneuroses in unmarried women. But it is difficult to say what belongs to continence, to the non-satisfaction of natural needs, and what depends upon the abnormal conditions of life, due to the normal isolation in which they live as celibates. In woman, as in man, conjugal life is a condition of health and longevity. On the other hand, many women only find misfortune in marriage and owe their nervousness to the sufferings which they undergo. There is too much to be said on both sides for the physician to be able to advise marriage as a therapeutic measure, or, on the other hand, to oppose a projected union, by setting forth the nervousness of one of the contracting parties as an obstacle. Cupid, moreover, would seem to be as deaf as he is blind, and our patients would scarcely listen to us in such an emergency.

Menstruation is of all the functions of the feminine organization that which acts the most on the mentality. Nearly all women suffer in these days from nervous troubles, cephalalgias, rachialgias, and general fatigue. But the most striking thing is the psychic condition, and one sees the appearance, even among healthy women, of the mental stigmata of the psychoneuroses.

A woman under the influence of her periods is more easily tired and more sensitive, more emotional and more a prey to her autosuggestions than in the normal condition. Her tears flow more easily; she is less able to bear annoyances; she is more susceptible, and one often finds in her a spirit of contradiction which she does not show at any time except during the menstrual period.

The normal woman is really, during the time that this function lasts, a psychoneurotic. If she is ordinarily nervous she becomes still more so, and among those who are predisposed one sees the occurrence of menstrual psychoses. The prognosis may be very severe, and there are women who could be shut up every month in an insane asylum. However, I

have observed several cases of menstrual psychoses in which I have been able to obtain good results by a psychotherapic treatment, by developing in the patients their altruistic tendencies and leading them to be mistresses of themselves.

The age of development is dangerous for young girls. The mental conditions of neurasthenia and hysteria occur easily at that time, but may, fortunately, be transient. Sometimes, however, the intimate organic work which takes place at this age gives rise to very serious conditions of disequilibrium. One often then sees a daughter lose the intellectual vivacity which she had, become awkward, clumsy, and crush the hopes which had been founded on her abilities. It possibly is due to analogous influences connected with the age of development (dementia præcox, so often confused at the beginning with neurasthenia).

The menopause is still more pathogenic, and there are few women who escape disturbances and various functional troubles at this critical age. In many their character is changed; they become difficult to please and sharp-spoken, and perhaps it is to this reason, in part, that one must attribute the bad reputation which in every country is given to a great many mothers-in-law. When their children marry they are usually in this fretful period.

It is also the age when one sees the beginning of hypochondriacal and melancholic conditions, accompanied by strange sensations of osmatic appearance—hot flashes extending over the entire body; widely distributed pains which grow worse at night; intense prickings in the mouth and the throat; burning sensations in the stomach, etc.

It seems that it is not only the more or less abrupt cessation of the menstrual function which determines these symptoms, but the woman enters at the same time into another period of age: she takes one step further toward senility. One sees the same thing happening among men, toward the fifth decade, and it is not without reason that they speak of a masculine menopause, even when there is no suppression of any function. One must not forget that organic decadence begins, in fact, very soon after the thirties. It is continued,

but it seems as tho by periods it went forward in such a way as to abruptly modify the personality. We pass by the critical period which makes us more vulnerable. I have observed in women who have reached the fifties the whole procession of troubles attributed to the menopause—that is to say, to suppression of function; but these women had seen their courses cease some years before, and had not then experienced, except some discomfort, any serious trouble. Ovariotomy, which suppresses the function in women who are still young, does not, as a rule, produce the nervous troubles of the critical age. It thus seems natural to me to attribute to the age itself an etiological influence.

In spite of their distinctly somatic origin, these psychoneuroses connected with the sexual life or phenomena of senility are still amenable to a rational psychotherapy. One must not neglect material means. Rest and isolation from the family circle are often necessary. One must study the patient's constitution, and overcome her diathetic states by an appropriate régime, and lead her back by wholesome and frugal diet to the establishment of good habits of life. But these patients have at the same time need of good advice. By a sensible word they will modify their mentality in spite of the unknown mysterious organic causes which disturb it.

CHAPTER XXVI

Troubles with Sleep — The Uselessness and Dangers of Narcotic Medication — The Insufficiency of Various Kinds of Hydrotherapy — Efficacy of Psychotherapy — Causes of Insomnia: Physical Ones, Too Vivid Sensorial Impressions; Moral Ones, Intoxications and Autointoxications; Preoccupations or Obsessions — Anxiety in Trying to Get to Sleep—Psychotherapeutic Machinery—Creation of a Mental Condition Favorable to Sleep — Abuse of Medicinal and Hydrotherapic Treatment

Among the symptoms of the psychoneuroses there is one of great importance by reason of its frequency and the aggravation that it causes in the patient's condition. This is insomnia. The majority of patients suffering from nervousness sleep badly, but their insomnia appears under very different forms. There are patients who get to sleep with difficulty. They go to bed tired, but when they are in bed sleep does not come. Some recognize the fact that they are kept awake by obsessions which they try in vain to get rid of. Others state that their thoughts are not fixed on any disturbing subject, but that they can not fall asleep. Certain patients fall asleep easily, but they wake up at the end of a few hours and can not get to sleep again; many fall asleep toward morning, at the hour when they ought to get up.

During these hours of insomnia the mental condition of the patient is very variable. I have seen some who do not suffer at all. They admit coolly that they do not sleep, but they do not experience any unpleasant sensation. Others become impatient and grow vexed. They turn over incessantly in bed, get up, and go back to bed again. There are neurasthenics who have melancholic insomnia. When it is dark everything looks black to them; they look upon their position in the world in a pessimistic way. Sometimes they take ac-

count of their life from a selfish point of view and grieve over their failures and the vicissitudes of their existence. Often, however, they are high-minded souls in whom altruistic thoughts predominate. Their life appears ugly to them; it is not worth the trouble to live it; it is but a vale of tears. If they are intellectual their preoccupations are philosophic. They live in this psychic discomfort which the pessimistic philosophers have so ably described. They mingle religious aspirations with them, without being able to attain the faith which would save them. And, lastly, many find their insomnia caused only by the pains which they suffer, their dyspeptic troubles, their eructations and belchings, and by various painful sensations such as palpitation and anguish. It seems to them as tho they could go to sleep if they could be relieved of all these discomforts. Let us note, finally, the patients who sleep, but with agitated sleep, disturbed by dreams and nightmares. Sometimes they preserve no memory of the dream, but are conscious of having had an interrupted and disturbed sleep, and they state in the morning that they have not rested well.

Insomnia of a slightly melancholic form accompanied by preoccupying obsessions is very distressing, but I can say that it is less serious. It is often seen in people who have, it is true, the neurasthenic mentality, but who recover their psychic equilibrium so well by day that they are never interrupted in their activity. They are not, properly speaking, sick. They are nervous, sensitive, emotional, and often have delicate souls which are chilled by the horrors of life. In this limited sense neurasthenia is more like a personal characteristic which they must put up with.

I consider more severe the persistent insomnia of certain patients who, during weeks and months, lie awake all night without being able to indicate what has troubled them. It is with such patients that one also observes peculiar troubles of psychic or physical sensibility. There are some who like gray weather and rain, and who fear fine weather; even in winter they are apprehensive of the return of spring.

In others one detects an incredible indifference to cold

or pain. This recalls the insensibility of insane people who mutilate themselves. These are unbalanced people, agitated persons, who react in an abnormal way; they are on the borderland of insanity.

Finally, sleep may be disturbed by dreams or nightmares. This agitation is frequent in the hysterical and in that kind of nervousness which is only skin deep, but which seems to be the normal condition of many women.

What can one do against these various forms of insomnia? One gives medicines, narcotics, sulphonal, trional, paraldehyde, bromide, and, lastly, chloral or opium, or preparations whose composition we do not know. It is very simple. Well, I confess, without shame, that during twenty years I have not had occasion to prescribe any of these remedies.

I have, and with good cause, a mediocre confidence in the solidity of the cortical layer of the brain. Its cells seem to be very fragile, and I feel certain scruples about introducing into the blood current any such stupefying drugs which produce sleep. It is a true intoxication which is brought on and it has to do with the most delicate parts—the thinking organ. I only employ them, and then with repugnance, in people who are normal from the mental point of view and when the need of suppressing pain is indicated. I fear their use among my patients who are psychically weak. Such intervention appears dangerous to me, and I can not forget that its salutary effect can only be transient, for all these drugs which are foreign to the normal chemistry of the organism are rapidly eliminated by the various emunctories.

I would have recourse, perhaps, to these narcotics if I were persuaded of their efficacy, but I have good reasons to doubt it. My patients are all chronic, and if they have already exhausted these medications without success, they are just where they were before. There are some who preserve some confidence in these means and renounce with much difficulty any temporary relief that they may obtain from them, but I find many others who are already converted and heave a sigh of relief when I tell them that I will not prescribe any medicine to make them sleep.

I have had from the beginning of my career this fear of narcotics which I consider reasonable, but which others may consider merely a sentimental phobia. I have sought to replace them by the more anodyne processes of bathing—warm baths, compresses, foot-baths, etc. Sometimes I have obtained good results. But am I, perhaps, too skeptical? They have not been sufficiently constant to encourage me in this way. I have thrown the helve after the blade and since then I have kept to pure psychotherapy.

When, on the basis of my observations at the bedside of a patient, I have reflected on the pathogeny of insomnia and of sleep disturbances caused by dreams, I have reached the following conclusions: Sleep may be troubled by too vivid sensorial impressions, pains, physical discomforts, noise, and light. We ordinarily eliminate these sensorial excitations, and, as for pain, I think that one must, before all, try to suppress the cause before having recourse to palliatives. The use of morphine is always indicated for violent pains, especially if the affection which causes it is transient. One must be more chary of it when the trouble is chronic, for the patient then runs the risk of becoming a morphinist. This consideration ought to be forgotten when it is a question of an incurable disease, and morphine may then be largely employed to cause euthanasia.

When sensibility to noise is exaggerated and is shown in the presence of inevitable noise, one must not forget that this hyperesthesia is wholly psychic and ought to be combated by psychotherapic measures. I will return to this later.

Insomnia may result from the absorption of substances which act directly upon the brain, such as tea or coffee; perhaps sometimes it may be due to the abuse of tobacco. It is easy to suppress these substances, especially in the evening meal. But here again it is good not to forget that autosuggestion is always possible.

Analogous effects are produced by autointoxications resulting from various diseases, chiefly renal affections which lead to an incomplete purification of the blood and to uremia. The first step is to suppress the cause by reestablishing suffi-

cient diuresis, but often we are forced to have recourse to narcotics.

Apart from these physical causes of insomnia, too vivid sensorial impressions, intoxications, and autointoxications, I see no other physical causes explaining insomnia, and this is why, in the immense majority of cases, I resort with success to psychic treatment.

It consists in suppressing the mental conditions which prevent sleep and in establishing that calmness of mind which alone can lead to what we call the sleep of the just, or, rather, the sleep of the calm man.

The preoccupations which lead to insomnia are legion, and there are no two patients to whom one can give the same advice. When these are true misfortunes, such as the loss of a personal friend, real cares, and a justifiable remorse which haunts the mind of the patient, it is scarcely possible to dispel the sad obsession. However, sympathy consoles and time works to efface these impressions. In the very interest of the patient one must know how to wait and not to have recourse to palliatives which can not act on the cause. Without harshness the physician must draw the patient's attention to the purely mental origin of his insomnia and show him the uselessness of physical measures, and encourage him to have patience.

Fortunately in many cases the preoccupations are not so serious. The patient takes tragically events which are distressing if one considers them so, but which it would be possible to look at with the utmost serenity. Try to teach your patient a wholesome philosophy which consists in taking hold of things by the right end and you will see his calmness return and his sleep come back.

But there is one preoccupation which is especially dangerous: it is that of sleep itself. When one does not sleep and is impatient because he does not sleep, and keeps turning over and over, and growing worse and more vexed, one creates a state of agitation which hinders sleep. Many patients approach the night with a fixed idea that they will not sleep, and spend their time reckoning the unhappy consequences

which this night of insomnia will have for their well-being on the morrow. They count the bad nights which they have already had, persuaded that this one will follow in line and resemble the others.

To dissipate these phobias which prevent the mind from attaining its necessary calm, I have been accustomed to tell my patients: "Sleep is like a pigeon. It comes to you if you have the appearance of not looking for it; it flies away if you try to catch it!"

It is necessary, first of all, for the patient to lose all fear of insomnia; that he should approach the subject of the question of sleep with a perfect indifference, which may be summed up in this idea: "If I sleep, so much the better; if I do not sleep, so much the worse!" It is only when the mental vibration ceases that sleep comes by itself. It is more easy than one would think to lead the patients to this philosophy which often produces immediate therapeutic effect.

Let me give a few examples. A friend who was a physician, and had just come out of an attack of melancholia, told me how much improvement he had made, but still showed himself discouraged on the subject of insomnia. He had taken valerian, warm baths, and bromide without success. "Do not be uneasy," I said to him, "and do not seek for sleep; your pursuit only chases it away. Let it come. There is no danger in a few nights of insomnia, even if it were still worse than in your case. I have taken care of nervous people for more than twenty years, and I can assure you that I have not seen a single case in which the insomnia in itself constituted an obstacle to cure. One can neglect the insomnia without running any risk and that is the best way of bringing back calmness and sleep. Do nothing at all, take no baths or medicine, and you will soon recover your rest."

"You have guessed my thoughts," replied my confrère. "I was, in fact, very much concerned these last few nights without sleep. I said to myself: 'You are better, you are getting over your melancholy attack, but now the insomnia is going to tire out your brain and melancholia will come back again.' My phobia has been accentuated by memory. One

day at your sanitarium I asked the Sister for news of one of your patients whom I knew; she replied: 'Oh! this lady is no better; she does not sleep, and this insomnia, wearing out her nerves, hinders her from getting better.'"

"Well," I said to him, "that phobia was unfounded. The patient of whom you speak was suffering from an insanity wholly different from that of melancholia. She has periods of insomnia, it is true, but the Sister is mistaken in believing that it is the insomnia which encourages the trouble. Believe me, even persistent insomnia has no dangers. Do not do anything nor fear anything; just take it for granted beforehand that everything will be all right."

The very next morning the patient told me that he had had a good night. And since then he has had no cause to complain of insomnia. He has recovered his health and a capacity for intellectual work which is above the average.

I obtained the same result in a few days with a foreign confrère. At the age of twenty-three the patient presented himself as a neurasthenic. He had neither anorexia, dyspepsia, nor constipation. His nervousness took the form of an almost persistent insomnia which lasted for nine months. He had obtained only transient results by bromides, bathing, travel, and the cessation of all work. His father was neurasthenic and died of angina pectoris; his mother suffered from migraine. The patient had practised onanism and had suffered from premature ejaculation. He was subject to stuttering.

From the start I drew the patient's attention to the psychic causes of insomnia and counciled him boldly to stop all treatment, and, first of all, to get rid of any apprehension of insomnia. He succeeded at the end of a few days in getting back his sleep, took up his scientific work, and declared himself cured.

When preoccupations hinder sleep, one must try to suppress them, to shut them up in a drawer. It is difficult, but it is not impossible. Often one succeeds simply by reflecting on the untimely character of such an obsession; the question not being possible to solve at that time of night, is put

off until to-morrow. But often, in spite of these efforts, the drawer will fly open and the obsession reappear.

In certain cases one may escape from the obsessions by frankly taking hold of the question which is worrying one and working it out until it is solved. This process often succeeds when it is a question of intellectual or scientific preoccupation. It is true, sometimes, that association of ideas has led to a new preoccupation and everything has to be done over again.

Sleep comes quite naturally without our seeking it when our thoughts, tho fixed chiefly on emotional events, turn around and show us the same persons and the same places in the gayest colors.

In caring for friends it has often happened to me that I have not slept for thinking of the difficulties of psychotherapeutic treatment. I would feel my patients slipping from my hands and the idea that the result would be compromised would haunt me and hinder me from sleeping. I would get back my sleep as soon as my thoughts would wander and I could see in my patient the comrade of my childhood. A pleasant image followed that which had troubled me in my mental kaleidoscope.

It is sometimes possible to provoke voluntarily this change of ideas, and to head them in another direction. It is like imitating the coachman whose equipage, traveling along a road, comes upon danger, and who, quickly turning his reins to the right or left, throws his horses onto a grassy lawn. I have counciled this measure for my patients, and they have succeeded very well.

But whatever may be the ruse to which one has recourse, whether one energetically closes the drawer or whether one exhausts the subject of obsessions, or whether, in short, one tries to lead one's thoughts off, nothing facilitates this mental work like the indifference to insomnia. To wish to reach an end with all one's might is to weary one's self by not having yet attained it; it creates a new preoccupation which prevents sleep. One must also remember that many of these ideas of obsession are not transient and borne only at the time when we go to bed. They are still followed through the day, often

through several days or weeks. They betray the depth of our mental state. Then it is not sufficient to struggle a few moments or a few hours at the beginning of the night; we must be philosophical by day as well as by night, and recognize the insanity of these fears and the uselessness of regret, and thus arrive at a certain degree of stability in our sentiments.

It is the same when sleep is disturbed by dreams. My patients, who have already understood how efficacious education itself may be, have often objected that at night they can not defend themselves. "You can not, however, demand of me that I should practise psychotherapy while sleeping," they say to me, "for I really sleep; but what fatigues me are those distressing dreams."

"Well," I tell them, "I agree with you; there you are disarmed. But do not forget that the dream is only the continuation in sleep of the mental activity in the day. However singular is may appear, a dream is always connected with the previous mental state. It has been noticed that in a dream one finds fewer emotional events of the day than little unimportant incidents; but if one applies one's self, as Freud, of Vienna,[1] has done, to the analysis of dreams, and to finding out their original ideas, one perceives that they often betray our most secret aspirations. It is the same in sleep provoked by anesthetics, and many persons fear lest they may reveal in this condition of unconsciousness the depths of their soul. One could, in connection with dreams, say: "Tell me what you dream, and I will tell you what you are; or, rather, as one makes one's bed, so must one lie in it."

Thus, when my patients complain of having slept badly because they have had disturbing dreams, I do not hesitate to say to them: "What do you want me to do? I can not do anything medical along this line. We have nothing in the Pharmacopœia to keep one from dreaming. Try to live during the day in a perfectly calm state; suppress by right thoughts these useless annoying preoccupations, and you will sleep like a child." Sometimes they will reply: "But I as-

[1] *Die Traumdeutung.* Sigm. Freud. Liepzig und Wien, 1900.

sure you that when I went to bed I did not have a single troubled thought." "That is possible," I would say to them, "but you have been uneasy during the day. Do not forget that the waves do not go down the moment the wind which worked them up has fallen."

It is sometimes good, when insomnia is greatly prolonged, or when, on coming out of a nightmare, one can not get hold of one's self, to get up for a moment and drink a glass of cold water and turn on the light; but one must avoid having recourse to these measures too often, for one becomes a slave to them. I have seen patients obliged to have recourse to them continually. Some can never go to sleep unless they keep their night-light burning. Others can not get along without their glass of water or glass of milk. There are some who are obliged to prepare themselves for sleep by a sort of autohypnosis, and work from eight o'clock in the evening to create a condition favorable to sleep. These patients are not cured of their insomnia; their preparations are subterfuges, useful if they are employed occasionally, but always troublesome if they become habitual. Here, as in the presence of other symptoms of nervousness, one must change the mentality.

I have shown in a few examples with what facility this psychic conversion takes place in certain subjects. The officer of artillery whose mental condition I pointed out as pessimistic succeeded, after one conversation, in understanding the necessity of looking on the bright side of things, and he immediately recovered his serene calmness which permitted him quiet sleep.

A few considerations on the psychology of sleep will be sufficient in the two patients whose history I will relate. The interest of these cases lies in the rapidity with which the result was obtained by means of one or two conversations. It is easy to conclude from it that one may nearly always reach one's end when this influence can be renewed every day during the treatment of insomnia.

I would like, in the sole interest of patients, to see my

confrères frankly adopt these psychotherapeutic methods for the treatmeent of insomnia.

Shall my desire be gratified? I do not know. The study of medicine began in superstition and by the application of simple and crude suggestion; blind faith played a major rôle. Later medication was studied more seriously. Empiricism has given some valuable specific aids—a mass of palliative drugs, concerning the physiological action of which we know more or less. We are, as physicians, perfectly content to use these artificial means. We are very well satisfied with this intervention and the majority of us can not conclude the examination of a patient without drawing out our note-book to write a prescription.

Undoubtedly great physicians have raised their voices against the abuse of drug medication and have pointed out the value of hygienic and prophylactic measures. But here we run against the prejudices of the public. The patient wishes for cure and immediate relief; he believes that the physician who has studied so much has some remedy already prepared for such disease, and that what he will have to do is to go to the pharmacist and get it. He listens only distractedly to the councils of hygiene which the serious physician gives him, and he looks upon them rather as measures intended to favor the medicinal action.

The physician feels this influence of his client. He believes himself obliged to play the rôle of healer conferred upon him by his diploma. And then we are lax; we have to see many patients, and it is much more simple to prescribe some medicine for them than to give them long explanations and to regulate their lives.

I understand this mental state up to a certain point, but I can not stop there. I have not been slow to see how often our therapeutic attempts are illusory, and to establish the purely suggestive influence of many medications. I have felt later the same reasoning skepticism in the presence of what is to-day called "physical therapy"—that is to say, the employment of natural means, such as water, air, light, electricity, mechanotherapy, etc. I do not deny the advantages

which these measures may present when it is a question of dissipating a physical disorder. But I hold that it is abused, and that it often deludes us concerning the causes which lead to cure or improvement.

Physicians are only too ready to recognize the curative agent in single influences. In mountain sanitariums it is altitude and purity of air and insolation. In hydrotherapeutic establishments it is the douche and the physical and chemical properties of heat.

One forgets that a patient who resorts to such treatment is susceptible to the influence of various factors. He leaves the environment in which he lives, often escapes from weakening preoccupations and overstrain. He lives for weeks, sometimes for months, under new conditions—physical and moral change of air; he rests, eats better, walks, bathes, and enjoys all sorts of distractions; and, lastly, he experiences the influence of an amiable physician, who, while douching him and prescribing baths, knows how to give his patient the hope of cure.

In the domain of the psychoneuroses it is this moral influence which predominates. I have certain proof in the fact that I have been able, in the course of a rather long medical career, to give up all physical and drug measures.

Undoubtedly this purely psychotherapeutic treatment is not easy. It takes an immense amount of time and patience, on the part of the patient especially, and as well on the part of the physician. The practitioner sometimes grows weary of this work and could be tempted to take up the easier rôle of prescribing drugs.

But when one has reflected on these subjects, when one has seen the patients recover their robust health after years of suffering, and regain their power to work, and become brave; when one has seen them acting on their environment, and transmitting their optimism to it by the force of contagion: then one takes courage, and it is with joy and unwavering patience that one goes on with one's task, which is always to bring patients back to a healthy life from a triple point of view—the psychic, the intellectual, and the moral.

Wavering enough in my own mental state, and subject to discouragement, it has often happened that I have doubted the efficacy of this psychotherapy. It seemed to me impossible to continue it with the same fervor. But these falls of the moral barometer have never lasted with me. Each day I have been able to witness partial success which gave me encouragement, and nearly always the final result has forced me to cry out: "Yes, you are in the right way; you can continue without wavering, you are doing useful work."

But to enter into this path it is not enough to have merely a mild faith in psychotherapy. One must not consider it as a useful auxiliary. One must be persuaded of the mental nature of the psychoneuroses. One must not fear to burn one's vessels in showing the patient and his friends the uselessness of ordinary psychotherapy, and to make the value of psychic treatment shine in their eyes. This is the price of success.

CHAPTER XXVII

Various Nervous Attacks — Their Usual Treatment by Antispasmodics, Hydrotherapy, etc.—Advantages of Moral Treatment—Sudden Cessation of Attacks under the Influence of Change of Environment — In Hysteria Everything is Mental, and the Treatment Should be Psychotherapeutic—Possible Failures—Persistence of the Hysterical Mentality—Moral Obstacles to Cure—Spirit of Contradiction—Self-esteem—A Few Words on Traumatic Hysteria

The phenomena which one recognizes as nervous crises are characteristic of hysteria. They appear under the most varied forms. Sometimes it is a simple functional trouble or a distressing sensation arising suddenly which is described under this name. Sometimes it is an involuntary movement, since isolated muscular shocks or palsies, and even convulsive attacks, can simulate epilepsy. In short, in these states the mentality is nearly always disordered, sometimes so slightly that the patients describe their sensations apparently without any uneasiness. Often, on the other hand, the psychic element is dominant, and one witnesses attacks that are almost delirious, which prove that there is no very great gap separating the psychoneuroses from the insanities.

For the control of these troubles the greatest variety of antispasmodics have been recommended, among which bromides and valerian have been held in regard by physicians. These troubles have been treated with certain success in hydrotherapeutic institutions and in the offices of electrical specialists. And, lastly, have we not in ovarian compression a good way of putting a check upon certain of these convulsive manifestations?

I have not suddenly become skeptical concerning the value of these various measures. From the beginning of my life as a hospital interne I have been under the impression that psychic

influence was alone the cause, and since then I have had recourse to psychotherapy.

I had often happened to have certain hysterical patients on my service who were prone to convulsive and delirious attacks which necessitated their immediate transfer to the hospital. They cried and threw themselves about in a frightful manner. I witnessed their condition with patience and gentleness, I noted their symptoms, and then said to them: "Well, there is nothing very grave in your condition; it is very unpleasant for you, but it will soon stop, you will see! But, you know, there are patients in this room who need rest and can not be present at your attacks. Repress these movements and cries, so that we can keep you here and cure you quickly!"

Almost always I have seen the attacks stop, to the great astonishment of the relatives, who had tried in vain to quiet the patient or to intimidate her by threatening her with transfer to the hospital. She had undergone a change of heart. Often she had been managed by main force, but all this agitation ceased when she found a kind presence in the room. All that was needed was that the interne or the Sister in charge should have a gentle hand to suppress these wholly exterior manifestations of mental disturbance.

The same result is often reached by an attitude diametrically opposed—by violent means and intimidation. I have seen the attacks cease on the application of painful faradic currents, by treatment with an electric brush, by a douche, by a spray of cold water on the head, or by a blow; I have seen patients intimidated by threat of a hot iron, of being shut up in a closet, or by the authoritative word of the physician, declaring that he would not tolerate such nonsense. I have witnessed such success without pleasure, persuaded that it could have been more surely obtained by gentleness.

I never have been able to believe in the reality of hysterogenic zones in the sense that there would be certain cerebral territories ready to let loose the convulsive attack under the influence of a peripheral stimulus. These excitomotor influences, or, on the contrary, inhibitive influences, exist in epi-

lepsy where the attack may sometimes be brought on by pressure on a scar on the scalp, and stopped by a band applied to the arm where the aura begins, or by taking salt when the attack begins by sensations in the epigastrium.

In hysteria, on the contrary, everything is mental: it is wholly ideogenic, and tho one may very often succeed in stopping the attack by pressure on a painful ovary, there is nothing physiological in this; it is merely a suggestive influence. One could suppress it just as well by any other method, on condition that he could succeed in arousing in the patient the idea that it would be efficacious.

I have had surgeons send their patients to me asking if, to suppress the pain of an articular neurosis, one ought to have recourse to massage or an induced current. I could answer them, with good confidence: "It does not matter, for none of these methods act materially. You will reach your end with or without them, provided you can create in your patient the conviction that he is going to be cured." Perhaps I have not made myself clear.

Do not let us ever forget that a century ago Mesmer succeeded not only in calling forth by the touch of metallic bars which went out from his magnetic tub every known hysterical manifestation, but also in making them stop. Let us also never lose from sight the constant success of quacks. It must always be kept in mind that hysteria is a psychic trouble. I have said the attack is only a passional attitude, a demonstration by gestures. It ought to be amenable to pure psychotherapy.

The numerous cases where hysterical symptoms become contagious and are communicated to other persons of the family and of the house, prove the purely ideogenic origin of the trouble.

I am accustomed to see these hysterical manifestations, especially the dramatic ones, stop during the first days of sojourn in a sanitarium, often from the first hours, under the sole influence of a change in the moral atmosphere, without even giving myself the trouble to provoke the autosuggestion of

the cure. Sometimes, however, one must bring them about by conversation.

Mlle. M—— was an hysterical patient with a strong heredity. Her father was alcoholic, her brother suicidal, and her sister successively hysteric, melancholic, and maniacal—first confined, then cured. The patient had some symptoms of depression, such as precordial anguish, and religious scruples with ideas of unworthiness before God; she was subject to convulsive attacks, during which she went through the entire gamut.

One day I was called to see her. The Sisters in charge did not know what to do. I found the patient in convulsions. I quietly approached her bed, sat down, and felt her pulse. The patient immediately held the wrist which I had taken perfectly still. I noticed this peculiarity, and I took my stethoscope, saying: "Pardon, medemoiselle, I wish to listen to your heart." The patient immediately checked the convulsive movements of her body, all the while continuing to move her arms and legs.

"Mademoiselle," I said to her, "you will please be kind enough to stop the movements of your right arm and of your body, so that I can make the examination. Now do the same thing for your left arm, for your head, and for your legs. Quiet all this outer manifestation of your internal discomfort. Believe me, these gestures do not relieve you in any way; on the contrary, you exaggerate the trouble by expressing it so vividly. Hold yourself as quiet as a doll in the middle of your bed and it will all pass away! I do not by any means mean that you are exaggerating things and that you are not suffering. I know that you are a prey to a very distressing disease, but I also know that it will cease as soon as you are mentally tranquil, and it is a great help to this end to suppress all exterior manifestations."

The attack ceased immediately, and the patient remained quiet for a week. A new attack came on, and the Sister called me up by telephone. I replied, without any hesitation: "Tell mademoiselle to use the same remedy that she did a week ago!" And I cut off the communication. The next

day I went to see my patient with a certain timidity. I expected to find her a little bit annoyed. She was not so, however, but, smiling, she said to me: "You were quite right; I had forgotten your advice, and when the Sister returned to me and told me with a malicious smile, 'The doctor said to use the same remedy,' I immediately held myself still, and everything was all right." This young person has had no more nervous attacks since then, and that happened ten years ago.

Sometimes one must have recourse to a little subterfuge, and heighten the suggestion by a harmless medicine, or suggest the idea of cure by predicting immediate improvement before it appears. One thus merely discounts the future, and speaks of the present while thinking of the future.

I was called to an hysterical patient who had for some hours disturbed the neighborhood by the sharp cries which she uttered. I found the patient in bed, surrounded by a crowd of people who urged her to be calm. She was seated on her bed, with haggard eyes, and shrieked as if they were going to assassinate her. I sent everybody away, allowing nobody but the patient's mother to remain. I examined the patient, who did not seem to perceive my presence, and, in order to give rise to the idea that improvement would soon take place, I hazarded the statement that the pulse was already less rapid and that the respirations were growing slower. Then, turning to the mother, I begged her to go and lie down in the next room, for the attack seemed to me almost over. The cries of the patient had already ceased, and she had become quiet. Then I prescribed a little bromide for her, telling her that in a few minutes everything would be all right, that she would go to sleep, and that the next day she could take up her work. On the morrow it was evident that the cure was complete and decided.

The following examples show at the same time the influence of contagion on the development of the trouble and the curative influence of suggestion.

A young servant, having broken a vase, was sent suddenly away by her master. She returned to her home, and,

under the influence of sudden emotion, fell into an hysterical delirium, crying and throwing herself about. As usual, I found the room full of neighbors, whom I sent out immediately. I tried to hypnotize the patient, but she was too excited and did not go to sleep. In spite of this failure I noticed that the calming effect was produced, and the patient returned in a few moments to her normal condition. After I had left the house I was called to a lady in the neighborhood who was suffering from convulsions and attacks of fainting. She had seen the contortions of the first patient and had imitated her. I made the same futile attempt at hypnosis, the same statement that it would soon pass away, and I let the subject of my two patients drop without fear.

The next morning they told me that the two hysterical patients were doing well, that they had slept and taken up their normal routine, but they begged me to come to another young girl who was playing the same comedy. I quieted her, and prescribed bromide for her, and at the end of a few hours everything was all right.

Nothing is easier than to attain these results in a few minutes or in a few hours by simple moral influence, by giving rise, by any means whatever, to the anticipated conviction of cure, and I dare say that a physician who allows these hysterical conditions to continue for days or weeks shows by his therapeutic helplessness that he does not understand hysteria and that he does not take its mental nature into account. In the presence of hysteria the physician can say, like the prestidigitator: " Nothing in my hands, nothing in my pockets, and yet I juggle away all these people's troubles."

Even with patients in whom the mental condition seems very much disturbed, I try to remain within the bounds of a wholly rational psychotherapy—that is to say, to explain the symptoms, to make them understand that they are only nervous and have no danger. I do not hesitate to give a little course of nervous pathology, to expose in clear and concise terms the influence of the moral on the physical. But I confess that it is not always possible to avoid crude suggestion and a slightly charlatanesque form of statement. It is sometimes

simpler to apply a cold compress to the forehead and to the chest, and to prescribe a little bromide or valerian with a purely suggestive intent. It is merely a question of economy of time for the physician.

But the more I advance in medical experience the more I try to make my inervention rational and to avoid pure suggestion. One must not confine one's ambition to the suppression of the actual attack. One must be concerned with the correction of the hysterical mentality, so as to avoid relapses.

Does that mean that one will always succeed? No. There are some hysterical people who, in spite of all the trouble which a physician may take, in spite of a bodily improvement obtained by a prolonged treatment under good conditions of repose, rest, and overfeeding, will show only improvement in their physical state.

There are some who, overflowing with apparent health, still have hysterical fever and emotional palpitations, and who are taken at irregular intervals with attacks of delirium and diurnal or nocturnal somnambulism.

Therefore, get your patient to confess to you, and you will detect distressing preoccupations and unhealthy mental conditions created by the circumstances of her life. Such a young girl lives with her parents in very painful relations; she does not get along with her father or her mother, and family dramas will be unfolded which explain the patient's mental state. Another has had some love affair, has seen all her hopes dashed down, and can not wipe out these unhappy events. There are some who are ruled by sexual preoccupations, who give themselves up to onanism, or have abnormal relations with other women. Others are prostitutes, altho they do not take any part in the wicked world. There are some who, very young, have been seduced or violated, and have witnessed dramatic scenes of which they still retain, without confessing it, unfortunate memories.

It is often difficult to discover these causes of mental disequilibrium. Sometimes the patients dissemble, often they themselves do not know the causes of their strange condition.

Sometimes, in the suggested freedom of hypnosis, they reveal their secret, but there are others who retain and preserve it for years, until some opportune occasion arises to bring it to an end. There are some, at least, who are never cured.

The persistence of the attacks is sometimes due to perceptible mental causes, and I have seen the spirit of contradiction hinder the cure, as it may have been the cause of relapses.

Mlle. H—— was an hysterical person thirty years of age, who for eight years had suffered almost continuously from convulsive attacks and delirious conditions. She had been a morphinomaniac, and had the skin of her abdomen covered with scars, fragments of hypodermic needles remaining in the tissues. Of a tuberculous family, she had a suspicious area in the left lobe, and was very emaciated. With the double purpose of combating threatened phthisis and hysteria, I put her upon a complete treatment of isolation, rest, and overfeeding. She responded to it marvelously, ate and grew fat, but kept up her hysterical attacks. She exasperated the Sisters of the sanitarium where I had placed her, and an old nun, who was somewhat hasty, let herself go so far as to give her a little slap.

With perfect right the patient revolted, and demanded her transfer to another house, and would no longer have the caps of the Sisters about her. I acceded to her desire to be alone in her room and to be waited upon by a young servant.

Noticing that the attacks persisted, I tried to work upon her reason, and to intimate that she could, in a cerain measure, repress them. I set forth gently and with all possible diplomacy this inhibitive influence of reason, but she was "set." She could not accept this idea, and she replied to me: "I am sick; my movements are involuntary, and I can not suppress them by any voluntary effort!" Finding her thus rebellious, I gave up giving her any advice, and did not pay any more attention to her attacks.

However, one day she went beyond all limit. In her chemise she was lying on the floor. She got up as if a prey to madness, and made as if she would throw herself out of

the window. Then I said to her: "Things can not go on in this way. I shall be obliged to give you to a Sister who will watch you day and night," and I pressed the button of the bell to call a Sister. The patient immediately came to her senses, got into bed, and remained quiet.

"Well," I said to her, "you are calm; that is what I would like you to have been in the first week; you see that you have been able to suppress your contortions!"

"No," said she to me, "I have not done anything at all; my attack is over, that is all."

"Ah," I objected, "your attack stopped all alone, at the precise moment when I threatened to put you under the care of a Sister whom you do not like. Strange coincidence!" Soon the attacks returned with all their intensity, and the patient left the sanitarium with a good appetite, a good digestion, regular movements, and with an increased weight of thirty pounds; but a prey to violent attacks, as heretofore. But a week later she wrote to me from the mountains where she was making a little sojourn that she had had no more attacks. I replied, congratulating her, and saying to her: "You are one of those persons who say 'No' and mean 'Yes.' That is much better than the inverse fault." The patient remained cured.

It is evident that here the mental improvement had been hindered by the spirit of contradiction. The patient was headstrong, and had stated from the start that she could not by any act of will repress her hysterical manifestations.

To give in, and to go back on this preconceived and stated opinion would have been morally impossible for her—at least, so long as she remained in my presence. On leaving the sanitarium she could yield, and she did so.

I have seen this false shame that patient's feel in yielding to a psychotherapic influence not only hinder the cure, but provoke relapses on the return to the family circle.

It is not, as a rule, true, however, that the patients give in in the presence of the physician. On the other hand, they experience a very natural repugnance to confessing to their neighbors and their friends the rapid cure of their old troubles.

They fear that they will say to them: "What! you were cured in two months of this trouble which lasted for years, and that by psychotherapic measures! But, then, you were a '*malade imaginaire;*' you could have cured yourself long ago if you had had more energy. I could have told you that!" There are patients who fear such judgment, and who voluntarily prolong their convalescence in order not to call forth these unkindly receptions. I have also seen susceptible ladies suddenly fall back into their old state on leaving a treatment which had had material success because the treatment had been made crudely and by constraint, and because the physician had clumsily recommended the husband to exercise too severe an oversight.

Mme. X., ten years ago, had taken the isolation treatment at the sanitarium of a distinguished physician. She had lost the majority of her symptoms and had gained nearly twenty-five pounds. Unfortunately, she had been rather passive in her response to the treatment. The patient had been forced to eat by an attendant playing the rôle of a Cerberus. She had given in, but against her will. Nevertheless, experiencing some improvement, she would have been ready to continue in this right way; but the physician was imprudent enough to write to her husband: "Above all, do not let your wife slip back into her old habits of laziness. Do not let her take up the sofa habit again!"

On returning to her home the poor woman, tired with a long journey, stretched herself out on the sofa, and her husband immediately cried: "What! there you are already on the sofa. Are you going to begin this life of a valetudinarian again? Has not this long treatment been of any use?"

The patient, in fact, lost all the good of the treatment, and about ten years later I had to begin all over again by substituting the more powerful influence of gentleness and reason for that of harsh and inconsiderate authority.

The methods to follow in patients with hysterical convulsive crises and delirious conditions vary according to the case. It depends upon the mentality of the subject and the causes which have given rise to the symptoms. It is necessary, in

order to find the remedy to study thoroughly the psychology of the patient, to get hold of it, if I may so put it, in order to restore it to her.

One will yield to pure logic, and another is carried away by sentiment. This patient loves authority, and even demands that her physician shall be brusque and scold her, while another loses all courage if he raises his voice. Alas! there are some who resist all these means, and meet our efforts with incredible inertia. I call them "bags without handles," because they slip through our hands.

Success depends, first of all, upon the mentality of the physician. He must be master of himself in order to adapt himself to the requirements of the moment. It has been said that one must have an iron hand gloved in velvet for the treatment of the psychoneuroses. But this hand is still rather hard, and I prefer an ungloved, supple, mobile, and sensitive hand, such as those of mind-readers, who detect the mental conditions of the person to whom they give their own hand.

Since we are on the subject of nervous attacks, let us give a few lines to the traumatic neuroses. I have already said that there is no room to create a special morbid entity under this title. Traumatism, by the moral shock which it produces, is the provoking cause of a psychic trouble, which, following the predispositions of the subject, creates diverse conditions of psychoneuroses. Hysteroneurasthenia is the most frequent form, and it is not rare to observe in men the convulsive forms that are peculiar to hysteria. But the prognosis seems to me particularly severe by the very reason of the psychological condition in which the subjects find themselves.

These patients, workmen for the most part, have a right to demand indemnity from the industrial societies who employ them. The very situation puts them into a psychological state of mind that is very unfavorable to cure.

I am not speaking now only of simulators, or those who exaggerate their troubles in order to demand the sums of money which they have put by for a time of need. I am thinking of the conscientious workmen, or persons of all classes, who are victims, for example, of a railway accident.

These patients know beforehand that the responsible company will seek to reduce their pretensions and will cheapen the sum of the indemnity. They therefore have a very natural interest in paying careful attention to all the troubles that they feel, to give them the stamp of reality. They can hardly wish for cure with the same fervor, for the slightest improvement may lead to the reduction of the indemnity.

If the physician could guarantee them a certain definite cure, many of these patients would not hesitate to give up all their claims, and would prefer work rather than help; but it is on that point that the physician, unfortunately, can not be wholly certain.

Undoubtedly, cure would be possible in the majority of these cases in the psychic way alone. A case recently published by Grasset is typical in this connection. It concerns a traumatic hysteroneurasthenic cured in a single day because he had dreamed the night before that he was cured!

But as the question here concerns the mentality of the subject, it is impossible always to give rise to this conviction of cure and to develop it. The patient, in a lawsuit with his employers, is not in a state of mind that is favorable to this kind suggestion; he is defiant, and the difficulties over which he is arguing often contribute through the course of years to aggravate his mental condition.

Thus one sees the hysterical manifestation hanging on forever, and resulting finally in a permanency which seems to indicate organic changes, or the trouble proceeds toward a confirmed psychosis.

The unfavorable prognosis of these traumatic psychoneuroses may perhaps also be due to the fact that they are born under the influence of a violent emotion in people who were formerly normal. The provoking agent acts with sufficient power, as there may be no reason to admit a very marked predisposition or a latent condition of hysteria. The moral "fracture" is made abruptly, and it is with all sincerity that the patient believes that he recognizes in the accident—that is to say, in an influence which seems purely physical—the sole cause of his diseased condition. He is not at all disposed to

accept advice from the moral standpoint and to aid the physician in his attempts at psychic treatment.

Yet, nevertheless, this would be the best means of diminishing the number of these traumatic neuroses which are becoming more and more frequent. The laws for the protection of workmen have contributed to multiply these nervous symptoms. They tend to make the injured person take special note of all his ills, hindering him from treating them with indifference.

The physician, while preserving all his interest for the patient confided to his care, ought to know how to inculcate in him this stoicism in small things; the question of indemnity ought to be promptly settled without a lawsuit and in a spirit of broad equity.

It would then be much more easy to bring the moral influence into play which is the only thing efficacious in these psychopathic conditions.

I have often succeeded in this way in dispelling nervous troubles once and for all, but that was in just such cases as those in which the workman, who was considered by his employer necessary to his business, found himself face to face not with adversaries but with protectors. This situation is exceptional. In the majority of cases, on the contrary, the symptoms grow worse and become incurable, or they improve suddenly when the patient has at last secured a large indemnity.

Therefore these cures, which are quite natural when one takes the influence of the moral on the physical into account, are very apt to lead lawyers and the public and even physicians to the erroneous idea that the patient is a deceiver. This reproach is unjust, and, wounded in his self-esteem, the patient makes up his mind, as it were, to remain an invalid.

CHAPTER XXVIII

Disturbances of Motility—Spasms, Tics, and Myoclonias—Intervention of Mentality—Professional Cramps—Influence of Uneasiness, Timidity—Charcot, Brissaud, Meige and Feindel—Psychomotor Discipline—Kinesotherapy and Psychotherapy—Advantages of Pure Psychotherapy in Patients in whom the Phobic Element Predominates

THE etiological rôle played by ideas seems at first glance less easy to recognize in the various motor troubles which are indicated under the name of spasms, tics, and myoclonias, and we are far from being in a state of accord concerning the place which these affections ought to occupy in the nosological list. I do not include here the convulsive phenomena which are due to organic affections of the brain, spinal cord, or peripheral nerves, nor the "spasms," properly so called, which, according to the definition of Brissaud, constitute "a motor reaction resulting from the irritation of some point in the spinal or bulbo-spinal reflex arc." I have only in mind those involuntary movements in which the mentality of the subject is involved.

Before wondering if there may be anything psychic in the trouble, one must have excluded the existence of any organic affection, and one must have proved the absence of any material irritation determining the convulsive movement, whether by the nervous or physiological path. One has then a right to suppose the existence of a psychic influence, and, when one analyzes these disorders, which seem to start from the periphery, one easily discovers in the patients symptoms of generalized nervousness. I have observed a great many cases of cramp in writers, telegraphers, pianists, and in people who milk cows. Undoubtedly the frequent repetition of these professional movements have been the last cause of the affection, but this overstrain is not sufficient to throw any light on

the etiology. First of all, this overstrain does not exist always, and one may find the cramp occurring in people who do not write very much; I have seen it in employees whose business was such that they were only obliged occasionally to write their signature.

For a long time I thought I recognized a peripheral cause in these "functional cramps." I had often noticed in the domain of the affected muscles, in the thenar and first interosseous muscles, very distinct electrical changes. At the beginning of the affection there was faradic and galvanic hyperexcitability; later, hypoexcitability. These are symptoms which seem to indicate a modification of structure of the nervous trunk, perhaps an inflammatory or neuritic process. They are often accompanied by pains.

Evidently all this is material. These patients seem to be more vulnerable from the somatic point of view. They have an abnormal fatigability like the neurasthenic. I know some subjects attacked with functional cramps who can not stand up straight, and whose bodies are bent forward, without the pains of lumbago. Others are taken with stiff neck at the least sudden or awkward movement of the muscles of the neck; the painful cramp is immediately established if the patients make any unusual movement for even a few moments, such as that of handling a screw-driver. In virtue of this special debility, their muscles are easily exhausted.

But often contracture, weakness, paresis, tremors, or pains (for these functional troubles are clothed in various forms) appear even before the movement begins or before the fatigue. It is enough, for example, for the patient to take a pen in his hand for the cramp to be produced not only in the group of muscles brought into play, but in muscles at some distance.

Two of my patients attacked with this cramp of the sterno-cleido-mastoid and of the rotators, which is called "spasmodic wry neck," turned their heads suddenly, the one at the moment when I put a pen into his hand (he did not have writer's cramp), the other, a physician, when he put a spoon on the tongue of a patient whose throat he wished to examine. These move-

ments of the arm demand, it is true, the use of some unconscious concomitant muscles of the trunk and of the neck, which would be sufficient to bring on the convulsive movement. But there is more. One of my improved patients could remain seated a long time without showing the slightest movement of rotation as long as I talked with her about indifferent things. Her head seemed as tho it were moved by a spring when I put the question to her: "How is everything going with you now?"

I could try over and over again with the same patient this experiment, which showed the influence of mental representation and attention.

On other patients I was able to note the influence of uneasiness and of timidity. A station-master who wrote without difficulty in his office was immediately seized with cramp when he was obliged to give his signature to the chief of the train. He recognized, himself, that the fear of not being able to write was the only cause of his momentary helplessness; he felt himself exposed to the jibes of the subordinate employees who were around him. A clerk was taken with writers' cramp only at the end of the day when he had to appear in the presence of a chief of whom he stood in awe, and who, he thought, was hostile to him.

Thus we have already seen causes that are far from physical. I by no means deny the others; I admit, without any trouble, in such patients a fatigability which is wholly somatic as well as a constitutional debility. I have often been able to recognize that this spastic disposition had been exaggerated by overstrain, by alcoholism, by the use of tobacco, by influences that were wholly material. However, I could not deny the evident rôle of acts of conscience, feelings of timidity and fear, which constantly intervened in the muscular, static, and dynamic muscular acts. We must not forget that in all fatigue there is an element of ponophobia, an anticipated conviction of helplessness. One is easily convinced of this in these patients.

The physician doubles his therapeutic measures when he knows how to join to his rational prescriptions those of rest,

suitable food, and advice on moral hygiene, destined to eliminate the psychic causes of the trouble and the mental conditions which give rise to and encourage bad habits.

The tics, by virtue of the very easy way in which they may be started up, are difficult of prognosis; particularly in the complex form which Gilles de la Tourette has described under the name of "maladies des tics," and which is accompanied by coprolalia, echolalia, and other insane manifestations.

However, in many tics one can detect the mental influence, the transformation of the gesture of psychic origin into the tic automatic in appearance.

Charcot and Brissaud have for a long time drawn attention to the special mental condition, the eccentricities and lack of equilibrium, of persons afflicted with tic. Henri Meige [1] has particularly insisted on this mental condition and shown the value of what they derived from these notions for therapeutics.

He pointed out in these patients the debilitated, unstable will, the exaggerated emotivity, the lack of equilibrium and of judgment. He did not hesitate to describe these moral imperfections as psychic infantilism, and detected in his patients stigmata of degeneration. He showed the relationship of tics to fixed ideas, obsessions, and phobias.

And he concluded: "The recognition of the mental condition of *tiqueurs*—people afflicted with tics—is a fact of the first practical importance. The whole treatment of tic depends upon it. It should, in short, have a double object: the correction of the unreasonable motor manifestation and the correction of the psychic anomalies of the tiqueur. One will treat motor troubles much more efficaciously if one knows the mental defects with which they are intimately associated."

The gradual transformation of the gesture in tic is seen very clearly in the various movements to which the nervous patient will give himself up in the presence of the physician during the time that attention is fixed on something else.

---

[1] H. Meige et E. Feindel. *L'état mental des tiqueurs.* Communication faite au Congrès des médecins alienistes et neurologistes de France. (Limoges, 2 août 1901.)
H. Meige et E. Feindel. *Les tics et leur traitement.* Paris, 1902.

Sometimes these are only manifestations of uneasiness or timidity, it may be the gesture of a young man who is being talked to and who turns his hat between his hands, who scratches his ear or his head, or pulls convulsively at his mustache. We all have these little habits when we are with other people, even tho we could not distinctly point out the psychic emotion of the uneasiness.

The idea of occasionally making use of the teeth to bite a nail is natural; we also try to tear off a little bit of skin which is hanging from our lips. In the mentally weak who can not resist their impulses all these movements become automatic. This becomes a mania. They have designated under the name of onychophagia and cheilophagia these bad and often incurable habits. In sick people these disorders of motility are much more marked; they denote phobias and strange convictions of helplessness.

Mme. X. is a Jewess twenty-eight years of age, somewhat degenerate and badly proportioned. Her head is large, her limbs short, and her walk is waddling, like that of a duck. Impressionable and emotional to excess, she has agoraphobia in the highest degree. Sometimes feeling respiratory anguish, she gets the fixed idea that she must draw her breath voluntarily in order not to suffocate. Thus she takes much trouble to open her mouth in a suitable way and tries to raise the thorax at regular intervals. All these movements, which are ordinarily automatic, are voluntary with her and are clumsily performed.

In conversations she listens distractedly; one finds her continually preoccupied with herself. Her anxiety is shown by a number of unconscious movements. Sometimes she continually thrusts her first finger between the leaves of a pocketbook which she carries in her hand, all the while knotting her handkerchief around the latter. She puts one of her feet in a peculiar attitude, forcing it around backward so as almost to bring the heel forward. She throws her head back with a jerking movement as if to put her hat in place, and all the time she never forgets her respiration and forces herself to draw her breath.

I will give you another example. An abbé afflicted with serious neurasthenia has for a long time been the prey of fears concerning his heart. Intellectually he has understood my encouragement and he is wholly persuaded that there is no affection of the heart. But at times he is overcome by his fears; they seize him in spite of his conviction, and then he is suddenly plunged into rhythmic movements with his first finger across the opening of his shirt, as if he were going to touch his heart with the point of his finger.

It is no longer the natural movement which makes a patient put his hand on his heart as if to moderate the beating or else to feel it. It is a sudden tic without any reason and wholly involuntary, but determined, as a reflex would be, by the anguish which seizes the patient.

In the presence of these involuntary movements, of these intermittent tics, occasioned by the most diverse emotions, the attitude of physicians is not always what it ought to be. It seems to them rational *to exert a strong effort of the will* on their patients. The patients themselves sometimes imagine that they can repress their movements by holding themselves in. But this is, as a rule, wasted effort. The attention of a patient is thereby fastened on the tic and on the sensations and ideas which have caused it, and the impulsion becomes still more irresistible.

In conversation with these patients I pretend not to notice their movements. I do not speak to them about them, and I try to calm their primary emotion, the fear of the disease. I give them the conviction of the integrity of their organs, raising their minds to high conceptions of stoicism and of confidence in themselves. The patient thus becomes interested in the subject and thinks intensely; he forgets his body, and soon, while the consultation is still progressing, I see the peculiar gesture stop.

This impulsive movement will come back the same day or the next day; it may break out very frequently. But one must not be discouraged. Little by little, by repetition of these psychotherapic séances, the conviction of health is established. The fears have no longer any serious foundation, and, in pro-

portion as the mental equilibrium returns, the tics cease with the emotional state which has given rise to them.

There is a chasm between this psychotherapy which makes the patient forget his trouble and the other which constantly holds it before his eyes, and demands of one who is not quite balanced or aboulic an effort concerning himself of which we ourselves would scarcely be capable. The gesture is only the ultimate reaction; in order to suppress it, one must get rid of the phenomenon of ideation which causes it.

F. Brissaud and Henri Meige [1] have seen the value of the rôle of mentality in tics, and have instituted, under the name of "psychomotor discipline," a very rational psychotherapy. Considering the tics as the expressing of a false automatism, they seek to develop the corrective power of the cerebral cortex. They reach this result by a methodical discipline of immovability and of movement. They replace an absurd and excessive motor act by the same movement executed logically and correctly, and they very justly insist, in order to give this gymnastic movement the character of a voluntary act, that the subject shall have perfect confidence in himself and in his own mind.

Their treatment is at the same time kinesotherapeutic and psychotherapeutic; it applies to functional cramps or professional cramps, to stuttering, to motor manifestations of psychopathic states, or stereotypy. They extend to obsessions, to agoraphobias, and they encourage those thus afflicted to go a few steps every day along the way of which they stand in horror.

I do not doubt the efficacy of this treatment based on a just analysis of these motor troubles, in which the psychic influence has been until now so little recognized. I will not hesitate to make use of it in such cases which appear to me amenable to this method.

I should say, however, that my psychotherapeutic views are a little different. This training has its dangers, either because it fixes his attention on the functional disorder or be-

[1] F. Brissaud et Henry Meige. *La discipline psychomotrice.* Archives générales de médecine, 1903.

cause it exposes the patient to discouragement in case of failure.

In all these cases where a phobia, a vain irrational fear, brings on peculiar movements or helplessness of the subject, I prefer to dispel this primary mental condition by psychotherapeutic conversation, instead of forcing the patient to take gymnastic exercises, however graduated they may be.

I do not send my agoraphobiacs to battle, enjoining them to take several steps in a certain place; I do not make my patients with tic make rational movements, when I detect in them the influence of a phobia or of timidity; on the contrary, I shelter them from failure by demanding nothing of them or of their wills. They must, little by little, regain confidence in themselves, forgetting their troubles and their past failures. The automatism diminishes or ceases then because it is not encouraged by repetition. I thus reach the result by pure psychotherapy without kinesotherapy.

This method, however little it may differ from that of Brissaud and Meige, is only applicable in those cases in which it is possible to separate the original idea, or the sentiment which brings on the tic or the helplessness. The psychomotor discipline is used with the best results when the tic is more autonomous, when it is difficult to state exactly that it is psychic in its origin, or when the lack of intelligence in the patient does not permit one to appeal to his reason.

The choice between these two measures depends much upon the mentality of the physician. One will succeed better by rational gymnastics, the other will have more confidence in his convincing words. With a little tact one can associate the two measures, altho they are, in a certain sense, opposed, the one demanding attention and the other forgetfulness.

Extended myoclonias following the type of the "paramyoclonus multiplex" of Friedreich seem incurable, or in most cases very rebellious. But one meets in neurasthenic, hysterical, and unbalanced patients localized myoclonic conditions which resemble tics, and which are easily cured by psychic treatment. The following is a good example:

M. H—— was a young man of twenty, who, from

the age of nine years, had been subject to nocturnal terrors. He describes himself as having been always irritable and easily angered, and he had been excused from military service on account of short-sightedness. Short and thick-set, he had a gait which slightly recalled that of the larger anthropoids. His forehead was low, his face prognathous, his beard and his hair were badly implanted, and his ears attracted attention. In spite of these stigmata, the young man was intelligent and gifted. In 1896, six years before I saw him, the patient had been taken at college with contortions of the face, and of his arm and leg on the left side. These peculiar movements only lasted for a few moments, and did not reappear under the same form until three months after.

Soon the attacks became more frequent, and were repeated several times a day at regular intervals, chiefly during his hours of study, so much so that the patient had to interrupt his work and spend several months with a physician who stuffed him with bromide (as much as fifteen grams a day). His condition improved little by little, but upon taking up his work he was seized with a prompt relapse.

Hydrotherapeutic treatment was tried in 1898 without effect. Various medications were successively tried, such as lactophenine and antipyrine, but without success. Nevertheless, the attacks suddenly grew less and seemed to stop in 1899. A boil caused them to reappear again more violently than ever. The patient was then placed in the sanitarium of a neurologist who put him upon Weir Mitchell's treatment, during which his bodily weight increased twenty-three pounds. The rest and isolation were kept up for seven months. The patient went away improved but not cured.

At the time when I saw the patient the attacks were no longer complete; the trouble was more localized and the action consisted in a movement of pronation of the forearm with extension of the hand and thumb, accompanied by a synchronous movement of the foot from behind. There was a certain analogy between this chronic cramp and the movement which a ball-player makes when he curves his ball, and when he wants to direct it by a suggestive gesture. These contractions lasted

about fifteen seconds and recurred three or four times a day; in the worst periods he had about fifteen attacks in the twenty-four hours.

My patient had already gone through treatments of rest, isolation, and overfeeding. I no longer had the resources of these material means, and I saw at a glance that nothing was left for me but moral influence. I did not fear to confess frankly to the patient that I would proceed in the following manner:

First, I justified in his eyes the rest treatment which he had undergone and which he criticized rather unkindly. I showed him that if it had perhaps been prolonged a little more it might have had the advantage of strengthening him, and that it would have brought about a notable improvement. I declared to him that I would have had recourse to the same treatment if I had had the care of the disease from the start.

I then set before my patient my views on the intervention of the idea in spasmodic affections. I explained to him the effests of fear and expectant attention. I insisted on making him understand that the very repetition of the attacks rendered the "going off" more and more easy, and the "trigger" too free, and that it would be greatly to his interest to diminish the number of his daily attacks. But I added that this result was only possible by the psychic method, since physical treatment had not been able to cure him. And, without any hesitation, I advised toward this end a stoical attitude and an indifference to the symptom.

"If your cramp," I said to him, "was accompanied by very painful phenomena, I would perhaps not dare to advise you to deny your suffering. But you yourself say that it is not painful; it is an involuntary gesture which lasts a few seconds. Is it asking too much of you, then, to say: think no more about it, act as if it did not exist?"

Without any other treatment, under the conditions of a simple sojourn in the country, without rest, and without isolation, the crises diminished rapidly in frequency, and at the end of a fortnight the patient was cured.

A wholly moral influence brought on a relapse. The pa-

tient, having still eight days left before he was to begin his studies again, was advised to sojourn in the country at the home of a physician. I hoped thus to preserve his cure, and to lead the young man little by little to regular activity. But I counted without his father, an authoritative, self-made man, who thought it wise to keep his son at home.

The young man was very much opposed to it. Confident in the wisdom of this supplementary treatment, he took it into his head that neglect of my prescription was going to compromise the result that had been obtained; and, in fact, the attacks reappeared, so much so that at the end of two months they brought him back to me.

I succeeded in convincing the father by showing him that his conduct toward his son was the only cause of his relapse, and, putting the patient once more on psychic treatment, I had no trouble in leading him to forget his troubles. He understood still better the action of the moral on the physical when I analyzed with him the causes of his fall.

I took care to make him notice that it was not spite, or an emotional feeling of that type, which had brought on the symptoms in a nervous way, but it was the *idea* that had done it: "My father does not want to do what the physician has advised; very well, then, he will see, I am going to have my attacks again!" And, always concerned for his future moral attitude, I added: "I believe that I have brought your father around by my conversation to more correct ideas; I will write to him again and I have every reason to hope that he will permit you to make this visit to a physician. But do not think that your cure depends upon events which are independent of your own will. Do not be at the mercy of the decisions of others. Take the firm resolution to be cured, and say: 'If my father agrees, so much the better; if he will not understand, so much the worse; that will not hinder me from getting well.'"

The young man understood these councils from the first, and the improvement was not long in coming. The few attacks which he still had in the fortnight of treatment furnished both of us the opportunity to prove the moral influence.

One day I found him in my study, and I noticed that he got up very slowly. I asked: "What is the matter with you? Have you lumbago, that makes you move so slowly?"

"No," replied he, "but I notice that when I get up quickly my cramps return more easily."

"What is this, my friend? I have told you to neglect your troubles and act as if they did not exist, and here you are taking precautions to avoid them! Do you not know that that is the best way to bring on the attack?"

The patient understood, and the next day showed me a new proof of the intervention of the idea by saying to me: "I had an attack yesterday, but I saw where it came from and that will not happen to me again. While seating myself at the table I offered my chair to a lady, and, going to get another, I felt a little uneasiness. I said to myself: 'Everybody is looking at you, your cramp is going to come!' And, in fact, it did come, but be assured I will not let myself be seized with that apprehension any more." The patient then made his visit in the country, as I had proposed, without a relapse. I saw him a year later and his cure had continued.

In all these spasmodic conditions, with clonic or tonic contractions, which do not arise from cerebral, medullary, or peripheral affections; in all the palsies which are not symptomatic of the early stages of senility, of multiple disseminated sclerosis, of paralysis agitans, or of habitual intoxication, one must think of the spychic influence, of the feelings of timidity, and even of defiance, which lead to muscular action; one must not forget the expectant attention which favors a transition of the idea into an action, altho unknown even to the person acting.

In the permanent contractures which one observes chiefly in hysteria it is more difficult to trace the psychic origin. In certain cases where the contracture follows a traumatism or a muscular effort one may suppose that it is established by autosuggestion, like the psychic paralysis which follows the contusion of a limb. The facility with which one can bring on conditions of contracture and of catalepsy by suggestion in

hypnosis or in the waking condition gives some idea of this mechanism.

But the psychic nature of these phenomena is shown much more distinctly by the sudden cure following a purely moral influence.

One of my patients, attacked with contracture of the left leg, dating back several months and accompanied with hysterical fever, was cured suddenly in a single day, because, alone and wandering until that time, she found a refuge in the home of a brother; her joy cured her.

Another whose neck and jaw had been immobilized for years, and who had undergone unsuccessfully medical and surgical treatment from the most renowned clinicians, found sudden cure in the piscina of Lourdes.

By crude suggestion, as well as by gentle persuasion, by threats as well as by kindness, one can cause these motor disorders to cease, even when one can not detect the pathogenic idea. In all these conditions, in which one recognizes the influence of mental representations, one must have recourse to one's finest and most acute perceptions in order to work upon the whole gamut of the feelings, and thus attain by psychotherapy the desired end.

The majority of physicians put this moral influence in a secondary place, hoping for more from physical measures, active or passive gymnastics, massage, and local electrical applications. Even if they are skeptical over the real efficacy of these means they consider them good to suggest cure. Without doubt these procedures can bring success, but they are often dangerous; they are double-edged weapons. This local therapy encourages in the patients the idea of a local trouble and fixes the attention on the organ which is disturbed in its functioning.

I have seen many patients who have owed the chronic nature of their trouble to such therapeutic measures. It would be better, according to my idea, to forget the local symptoms, and to give it less importance in the patient's mind—to "dilute" his trouble, as one might say, by describing it as more extended and more psychic. This is easy when one studies the

mentality of the patient, and when one makes him put his finger on his psychic defect.

One thus gives birth to that appetite for cure which corrects the psychic mentality, and without knowing how the old rebellious local trouble is scared away in this psychic movement of regeneration. I insist on purpose on this fundamental idea that in all these patients where psychic influence predominates, one must turn the patient's attention away from the trouble which disturbs him and make him forget it.

From the etiological and therapeutic point of view, one can compare these spastic phenomena with vasomotor troubles. Under the name of obsession of blushing, erethrophobia, physicians have described these agonizing conditions in which the patient's blush comes at everything where the fear of blushing is enough to make one blush.

It is easy to detect signs of nervousness in these patients. They are neurasthenic and unbalanced. It is evident here also that the cause is wholly psychic, and that we have no other recourse than that of psychotherapy. We can not prevent these emotional movements with douches and bromides. It is not possible here to practise kinesotherapy. One must discover the uneasiness, or the timidity, or the various preoccupations which drive the blood to the face. One must give the patient confidence in himself. The same is true in all physiological reactions which follow emotion, tears, cardiac palpitation, dyspnea, and intestinal troubles. One must get back to the origin of the trouble and dispel the primary mental condition which has brought on the functional disturbance.

CHAPTER XXIX

Conditions of Helplessness in Various Motor Domains—Their Psychic Origin — Paraplegia — Hysterical Astasia-abasia — Stasophobic and Basophobic Symptoms in the Course of Other Psychoneuroses—Example of Cure by Pure Psychotherapy

Conditions of paralysis and of astasia-abasia form part of the symptomatology of hysteria. Everybody knows these paralyses as localized in a functional muscular group, and appearing in the wake of a known or unknown autosuggestion, may disappear as if they were caused by suggestive influence. The fact is a commonplace one in the domain of hysteria.

What is not so well known is that a simple dream can cause these states of motor helplessness. I have seen paralysis of the right arm occur in a little girl who dreamed she had defended her dog when attacked by a cow, and had struck blow after blow at the aggressor.

Moreover, one must remember such demonstrative cases as that of Grasset, where the dream brought about the cure. A single example of this kind is enough to show us the nature of these paralyses and to direct our conduct.

There are some complex cases where the diagnosis must be made by exclusion, by eliminating, little by little, by a conscientious examination, cerebral, medullary, radicular, and peripheral paralyses.

As a rule, the form of paralysis, its distribution, the disturbances of sensation which accompany it, or the mental condition of the subject, are sufficient to settle the diagnosis.

There is generally no room for doubt when it is a question of hysterical paraplegia occuring suddenly under the influence of anger or of spite. The paralysis is most often accompanied by contracture of the extensors and anesthesia. It is

the result of a psychic shock, and is only an exaggeration of the feeling of motor helplessness which takes possession of us under emotion and which we express by saying that "our legs give way under us!" Transient in the normal man, the phenomenon becomes lasting in the hysterical patient who is always disposed to believe that the slightest functional disturbance is real. The influence which the conviction of cure alone may exercise is easy to show in these cases which are so frequent in daily practise.

Mme. W——, after an altercation with her cook, was seized with paraplegia. I found the patient in bed, very much disturbed by what had happened. Her legs were in tetany when stretched out, and the patient was incapable of making the slightest movement. Sensibility to a prick ceased over the whole cutaneous surface of the lower extremities, and the anesthesia ceased suddenly at the fold of the groin.

While I made the examination the patient asked me: "Is it serious? Shall I have to stay a long time in bed?"

"Serious! Not in the least; it is only a nervous weakness brought on by emotion. In three days you will be on your feet!"

Then, taking her relatives to one side, I took care to say to them: "You have heard that I have said she will be cured in three days; I could have said three weeks, three months, or more, for I have seen these paraplegias last for years. It all depends upon the idea that the patient gets into her head. Take care, then, to take it for granted that the patient will be cured within the fixed time. Do not make believe to believe it; that will not do; believe it—all of you believe it!"

Without any other treatment the patient was cured, and walked on the third day.

A friend has quoted to me an analogous case in which the telephone brought about the cure. A lady under the influence of anger fell, paralyzed in both her limbs. A physician was called in; he put on a serious air, said that the legs were paralyzed, that it would last a long time, and advised her transfer to a hospital. While her husband had gone to make the necessary formal arrangements, and the servant had gone

out to make purchases, the patient remained alone in bed. Suddenly the bell of the telephone sounded. She started up and tried to call the neighbors, but nobody replied. There was another ring, the sharpness of which denoted the impatience of the person who was waiting. The patient was overcome with agitation. Then a third ring came, imperious and prolonged. The patient got up, went to the telephone, and she was cured!

Notice the imprudent remarks of the physician. He pronounced the word "paralysis," which is not even correct, medically speaking, when the helplessness is wholly psychic, and which is always interpreted by the public in an unfavorable sense. He announced that "it would last a long time" without taking into account the fact that he was thus establishing a suggestion which would encourage the functional helplessness.

Let me give another example. Mme. S—— was a nervous person who had already had symptoms of hysterical paresis and of emotional tachycardia, as well as fits of depression. She lived in a dependent position, exposed to annoyances and wounds to her self-esteem. She had no appetite, and slept badly; she had headaches, and little by little she lost the use of her lower limbs.

The patient admitted this weakness with anxiety, and cried: "I am paralyzed, am I not?" For a moment I reflected: "If you say yes, the patient will despair and will be paralyzed; if this condition lasts a long time her position will be very pitiful, for the patient can not be cared for in the unsympathetic environment in which she lives. She can not enter a special sanitarium because she is without the means of existence, and she is too proud to go to a hospital." So without hesitating, I replied: "Paralyzed! What are you saying? You only have a little nervous fatigue which is easily explained after the annoyances to which you have been exposed. Don't be in the least uneasy; you will be better tomorrow."

The cure followed in several days. "A medical lie," you will say. No, frankly not, for a psychic impotence is not an

organic paralysis. There has been a careful distinction made between paraplegia and the condition of hysterical astasia-abasia, and with good reason, from the symptomatological point of view, for these astasic patients have neither contracture nor anesthesia, and, tho incapable of standing up, can use their limbs when lying down. A still stranger phenomenon is that these patients who can not stand up can sometimes walk, run, jump, and dance as long as they are not interfered with.

But from the etiological and therapeutic point of view, the distinction becomes useless. As in paraplegia, it is a question of the conviction of helplessness; this can often be suppressed by a word.

Mlle. B—— is a young girl seventeen years of age. In 1891 she underwent a plastic operation of the anus, which obliged her to stay in bed for three weeks. She was nervous, had no appetite, and complained of pains in the back and in the ovarian region. When the cicatrisation was complete the patient was permitted to get up, but she found that she could not stand; nevertheless, in bed she had no trace of paralysis.

The physicians who were called recognized the beginning of an hysterical astasia-abasia, but, forgetting the mental mechanism by which her helplessness was established, they had recourse to hydrotherapy, faradisation, and the application of magnets. But it was in vain; the helplessness persisted, the rachialgia was accentuated and extended as far as the nape of the neck, and the classic anesthesia was present in the right leg.

Professor Déjerine saw the patient five months after the beginning of these symptoms. He considered psychotherapic treatment indispensable, took the affirmative stand, predicted cure, and sent the patient to me.

I settled the young girl in a sanitarium, with the intention of making her undergo a treatment of complete isolation, rest, and overfeeding, and I expected to see the symptoms diminish little by little under the influence of these psychic measures. I had not at that time been able to see clearly enough that cure depends only on the mental condition.

Therefore, on the sixth day, when the scanty milk diet had not yet sufficiently renewed her strength, and when nothing physical had acted upon the patient, she announced to me that she could stand up. A few days afterward she was walking. I kept her a few weeks longer to overcome the other nervous troubles, but the symptom of astasia-abasia had disappeared under the powerful suggestion which Professor Déjerine had exercised by his sincere and comforting words.

In a boy ten years of age whom I saw soon after the cure followed more slowly. The patient had a very bad heredity. The father was insane, and confined in an asylum; the mother, who had been a shrew and bad tempered, had died of a cerebral affection. The paternal grandfather, melancholic and confined for ten years, had made attempts at suicide. An uncle was equally melancholic, and there was a brother suffering from heart trouble and melancholia.

The young patient was taken, in 1891, with general fatigue, and attacks of vertigo, anorexia, and pains in the vertebral column, which obliged him to lie on his side. Signs of pulmonary congestion were found and influenza was suspected. At the end of three months the patient seemed convalescent, but he could not stand up; he said he was dizzy.

This state grew worse; vomiting occurred, and, later, paralysis of the right leg. Hysteria was thought of, and, as usual, massage was given, with mild suggestions. The vomiting and vertigo persisted, and in a consultation the hypothesis of a cerebellar neoplasm, probably of a tuberculous nature, was put forth.

When I saw the patient, seven months after the beginning of the disease, the symptomatology was simplified, and it was easy to recognize the clinical picture of astasia. The Mitchell treatment was begun, but as I only saw the patient from time to time in the sanitarium of a confrère I could not exercise upon him all my suggestive authority. However, the cure followed at the end of five weeks, taking place suddenly between one day and the next.

The syndrome of astasia-abasia is not always as distinct as in these two cases. One sees, on the contrary, astasic and

abasic, or, rather, stasophobic and basophobic, symptoms accompanied by other nervous or neurasthenic disorders.

Let us take an example of this direct psychotherapy pertaining to motor troubles, complicated with some other nervous symptoms. M. Y—— was a lawyer forty-six years of age, of good constitution, without organic disease, and intelligent. He came to consult me in 1897. He had for twelve years found it impossible to walk for more than a few minutes. He could stand up for a moment only, and that by putting the right knee on a chair and holding on to its back.

He had suffered somewhat from rheumatism and laryngitis, but this arthritic tendency was only slightly marked in him, and until 1884 he had been perfectly well. It was then that, in consequence of a violent emotion caused by a fire, he felt a certain weakness in his legs. In 1886 he went through another emotional period. He almost lost his position, and immediately this weakness in his legs became marked. The death of a brother in 1887 gave him the last blow, and since then the weakness has made continual progress.

"My walking," said he, "which then could be kept up for ten minutes, went down to seven or eight minutes, and now it is seldom that I can walk more than a minute at a time. In addition to the remedies which I have taken, I have had sea baths (which I found very bad), I have been to Neris and to Lamalou; I have taken treatments of hydrotherapy, electricity, massage, and magnetism. I have been cared for by homeopaths, allopaths, and empiricists. In 1890 a damp sheet brought on rheumatic congestion of the lungs, and since then all bathing brings on congestion. It gives me twinges and rheumatic pains. I am obliged not to wash myself except with alcohol, for I have such a fear of water. I have had some phosphaturia and slight transient albuminuria. My feelings, which are not naturally light hearted, have become depressed.

"Then came the absolute impossibility of standing still, even for four or five seconds; but I could stand upon one leg, with my eyes closed, for ten or fifteen seconds, as physicians required me to do to see if I had a medullary lesion. It was

impossible for me to take more than one hundred to one hundred and fifty steps in succession and impossible to take more than fifteen hundred to two thousand steps during the whole day. After each walk of one hundred to one hundred and fifty steps a long rest was necessary. For more than ten years I could not go up-stairs higher than the first story; if I had to go farther I was carried in a chair. It was impossible to read or speak in a clear voice for more than a few moments, when my voice would grow weak. It was impossible to read a few pages without bringing on smarting in the eyes and troubles with the sight.

" I had always been able formerly to read a long time without fatigue, but I began now to have less power. My capacity for work was very much diminished. Nevertheless, my intellectual faculties did not seem to be lessened in any degree.

" To sum up, all my organs were weaker. I would exhaust in a few moments, and even in a few seconds, the strength which others could draw on for several hours.

" My intestines had been for a year in a very bad condition. I had rheumatic enteritis, which was relieved only after very great precaution. There were several years when spinach hurt me. I could not eat anything fat, and beans, peas, cabbage, and sea fish were forbidden. After a year a milk diet, which I liked very well, did me harm. Eggs gave me trouble with my liver, which always enlarged. Various diagnoses were made, showing neurasthenia, anemia of the brain, rheumatism of the brain, and nervous troubles.

" I became greatly emaciated, either as a consequence of my intestinal troubles or in consequence of too strong magnetic treatment, and I lost in one year from seventy-five to eighty-five pounds. (The patient added to his description a calligraphic table, giving his weight for each week during the year 1897.)

" Twice in a pilgrimage to Lourdes I was suddenly able to walk for a quarter of an hour in the procession. I was able to do as much the next day, but at the end of a few days this improvement disappeared. The second time I was able to stand up and walk sixteen minutes, but to-day I am just

where I was before. A statement of my cure has figured in the annals of Lourdes, but in order not to cast any aspersions upon the place I have not rectified the statement."

It was in this condition that the patient came to me, and I might as well tell you that this description, taken as a whole, permitted me to make a sure diagnosis of nervousness, even without a clinical examination, so completely did the patient reveal his neurasthenic and hypochondriacal mentality by his description of himself.

1. Our patient was a man of petty interests who complacently described his trouble, weighed himself every week for a year, and copied his observations on a large sheet of paper, where all the days of the year were put down. It was an excellent piece of calligraphic work, which showed with what attention the patient noticed the slightest variations in weight.

2. He noted his symptoms year by year, remarked that his parents were cousins, noted his diseases and his emotions which seemed to him to have played an etiological rôle. He did this work spontaneously, without any suggestion on the part of the physician.

3. The rôle which he made the emotions play showed the psychic nature of his trouble.

4. In the description of his inability to walk and to stand, the patient showed the characteristic precision of the neurasthenic. From ten minutes' duration his power to walk fell, little by little, to seven or eight, then to three, to five, and at last to two or three minutes! A weak person or a convalescent would never give these precise figures.

5. As for standing, he was just the same; he could not remain standing for more than four or five seconds, while with his eyes closed he could reach ten or fifteen.

6. In the description of his actual condition, which he separated correctly from its antecedents, he returned to the question of walking. He could take from one hundred to one hundred and fifty steps at once, and from fifteen hundred to two thousand in a day. He could climb to the first story, but if he needed to go higher he had to be carried. The fixed idea of helplessness appears here in all its distinctness.

7. This obsession of helplessness appeared again as to reading in a loud voice, and he noted in large letters: "Weakness of the Voice," "The Eyes Tired in Writing," and "Weakness in the Eyes." On page IV. (in Roman numerals, if you please) he resumed: "Then all my organs were in a very weak condition."

8. Next it was the turn of the intestines. The patient had (rheumatic!) enteritis, which characterizes constipated nervous people. The assimilation of food hurt him, and, spontaneously or under the influence of physicians, he avoided various foods. Suffering all the while, he grows thinner. Here we have the same old story of nervous dyspeptics.

9. He summed up his diagnostic remarks, and, in spite of the evidence of neurasthenic symptoms, they indicated to him anemia of the cord and rheumatism of this organ—inverse suggestions.

10. At last at Lourdes, under the influence of his sincere faith, he experienced some slight improvement.

When, furthermore, the reflections which were inspired by these ten observations were corroborated by the absence of all material lesions and all symptoms of cerebral, medullary or peripheral affections, the diagnosis becomes clear. The patient was only a phobic psychoneurotic who believed in the reality of his helplessness—a form of hypochondria.

The patient came to me admirably prepared to submit to psychotherapeutic influence. A stepbrother of his had just undergone the same treatment with complete success. A friend had derived great advantages, if not a cure, from it. The patient who had been helpless for twelve years was enthusiastic over the idea of the treatment, and saw the following dilemma: "Either the physician will send me away and I shall be lost, or he will keep me and I shall be cured!" After a short examination I was convinced what to do and kept the patient. I was then assured of the result.

"Well," I said to him, "you may stay and you will be cured. Here are the measures for you to take:

"*First*—You will go to bed for six weeks. There is always more or less reality in such conditions of exhaustion, and

it is wise to reduce, for a time, one's expenses to the minimum. The diminution of bodily weight also indicates the need of complete rest.

"*Second*—As you have suffered from dyspeptic troubles whose more or less psychic origin I will explain to you at the proper time, you must go upon a purely milk diet for six days, and don't let me hear that you can not take it; for milk can always be taken. After these six days, you will return to your hearty and varied diet without any choice whatsoever, and to fatten you, you will take milk between meals. You look at me with a skeptical smile. Do not do so, my dear sir; I know what I am talking about!

"*Third*—from the seventh day you will have massage. It is not an indispensable measure, but it will make up for the movement which you lack, and will favor intramuscular and cutaneous circulation.

"As for your various helplessnesses, we will return to them. For the time being strengthen yourself by reducing your expenses through rest in bed, and at the same time increase your receipts by overfeeding. Go along these lines and everything will come out as we wish."

From the third day of this rest I knew my patient and his intelligence and rectitude of thought sufficiently well to dare to use direct psychotherapy in order boldly to attack his autosuggestions, and I could say to him: "You have before you, in short, six obstacles: You can not stand, walk, or read; you can not eat as everybody else does; you can not have regular evacuations; and, last, you can not succeed in gaining weight. Well, all these barriers may be thrown down, or, rather, they have no height. They exist only in your thoughts; they are like the chalk-line on the floor which a person who is hypnotized can not step over because he is willing to believe that he is powerless to do so. Think of it! Your cure depends upon this conviction, which must be established in you and which you must never let go! In the third week the patient said to me:

"'Doctor, three of the barriers are already thrown down, or, rather, as they had no height, I have overcome them

without difficulty. First, to my great astonishment, I was able to stand the milk diet. I have eaten everything, and no one of the foods which I considered indigestible for me has done me any harm. Only think that the seventh day after my milk diet I ate fish and mayonaise! I have done without them for twelve years. Then my stools have become regular. I have established a daily movement at a regular hour. In short, I, who for years have tried to gain weight without being able to do so, have made each week a gain of five pounds! But what still troubles me is standing upright, and walking, and reading. I am not sure of success in those lines.'

"I understand you," I said to him; "these are, in short, the most troublesome symptoms to you. But remember that you have no organic lesions, that you are only nervous. Believe me, all your symptoms are tarred with the same brush. They are, if you will call them so, spots of the same ink. If you have been able to efface three of them, why should the others resist? Keep this idea in mind, or, if you like it better, that of the chalk-line upon the floor. During the three weeks which still remain for you to spend in bed hammer this idea into your head. Do not make any attempt to stand up, walk, or read. A failure would discourage you. Get these controlling ideas deeply into your mind. Become imbued with a profound conviction of cure."

At the end of six weeks he got up, and from the first day was able to walk two hours. He could read an entire newspaper without fatigue and without his eyes smarting. He could stand up for a long time, altho one could still detect in him a certain fatigability and fear of standing up.

I showed him the psychic nature of this helplessness, and enumerated to him the mental pecularities which I had detected in him. He confirmed these views by saying to me: "I have noticed how much there is in an idea. Just think! Sometimes when I went out of my office into the room where my clerks were I could stand up very well, and walk if the door opened easily. But my limbs would immediately sink from under me if the lock stuck or turned with difficulty. I

see that this could have had no material influence upon me; it was merely an idea."

The patient went away cured at the end of two months' treatment. I have kept up intimate relations with him. Not only has he not fallen back in the course of the last six years, but his health is stronger, and he is a man who occupies a prominent position in business and literary affairs, who lives an active life, and who has shown in troubled political circumstances a courage which is not seen every day. Sometimes he has had some waverings. Standing up seems to have been the most difficult for him; the patient has had some tendency toward hypochondriacal thoughts and detected enlargement of the veins of the foot after standing for a long time, but a letter from me was enough to dispel these symptoms.

Altho having no uneasiness on the subject of these slight returns, I have thought that I ought to indicate to him by a letter or in friendly conversation the inconveniences of this restless state of mind. "Take care," I said to him; "you are intelligent, you think correctly, and it is to these qualities that you owe your cure. You have a certain logical turn of mind which has led you altogether astray when you have started off on false premises or hypochondriacal autosuggestions. It led you to your cure the moment when you changed your point of departure and were able to see the ideogenic nature of your troubles. But be on your guard; you are somewhat superstitious and you are a little cowardly; you have not sufficient contempt for your body. When there is no organic affection (and you certainly have none), health depends first of all upon the imperturbable confidence which one has of possessing it. Beware of yourself, for your cowardliness could do you a bad turn some day.

An incident, which fortunately was transient, came to confirm these fears, and to contribute to strengthening the mental health of my patient. In September, 1902, he underwent some emotional strain, and overworked himself in publishing a book, into which he had put his whole mind and which required great moral courage on his part. He was seized with headache and felt as tho his head were empty, and he was frightened

by this weakness. I received a discouraging letter from him. Knowing me to be upon my vacation, he had not wished to depend upon me; he dreaded calling in a physician for fear he would give him medicines, and hesitated about consulting an alienist, lest he should consider him foolish. So he wrote to a somnambulist, who declared that his condition was very serious—that it could not be anything but softening of the brain, which would end in madness. You can imagine how much this diagnosis would disturb a patient who was always hypochondriacal and disposed to magnify his troubles. Henceforth he held back no longer, but confided his weaknesses to me. I replied to him by reassuring him, and making him notice his tendency to superstition, to that irrationalism which drove him, an intelligent and cultivated man, to have recourse to a somnambulist.

Scarcely had he read my letter than he set himself to work. He came to see me a few days later to revive his psychotherapeutic principles, and from that time, in spite of many emotions and difficulties, he succeeded. I am persuaded that he will not fall back again.

Here we have a patient reduced to utter helplessness for twelve years, after having resisted the therapeutic efforts of many distinguished, devoted, and energetic physicians, who had recognized, altho with many sorry hesitations, the patient's neurasthenia. Why were these confrères not able to succeed during these twelve years of the disease, and why should the patient have been cured in a few weeks?

They did not succeed because, in spite of all their experience and their theoretical knowledge, they were not sufficiently imbued with the idea that nervousness is psychic in its nature; because they hesitated in the diagnosis, seeking a medullary affection when the psychoneurosis was evident; because, imbued with the ideas of the relationship between nervousness and arthritism, they attributed to the latter some of the symptoms; because, in speaking of rheumatism, they thus gave a certain reality to the ills of the body and admitted to him their physical nature. In short, because, much as they wished to reach the desired end, and to have recourse to moral influ-

ence, they did not quite know how to direct it in order to make it efficacious. They were not able to transmit their conviction because it was not sufficiently clear and complete in their own minds.

I led the patient to a rapid and decided cure without having recourse to any new physical measure and without a single medication. The patient was pleased to give me his complete confidence. This was not a blind faith but a reasoning faith, because he had just seen two patients who were cured. That was a perfectly rational induction.

He stayed in bed six weeks. At the same time I did not think that I could attribute any decided influence to this rest. But, above all, I had succeeded in persuading him that he would be cured; that he could eat without fear; that he could strengthen himself and regulate his daily movements. I did not hesitate to tell him that his difficulty in walking was a pure basophobia, that his lack of power to read rested equally on purely mental representations. I made him put his finger on his cowardliness and his irrationalism, and I corrected this mentality by conversation.

This was the efficacious proceeding, and it is easy to employ, but on the condition that one thinks clearly and follows the right road. With all grown people I have recourse only to this direct psychotherapy without any subterfuges. It is not necessary that my patient should be educated or have any philosophic culture. The workman and the peasant understand with great acuteness the influence of the moral on the physical, provided that one takes the trouble to explain it to them clearly in terms which are familiar to them.

In these treatments the patient and the physician seem to work to obtain the same result—the one by his confidence and his good sense, the other by his clear and convincing explanation of the matter. It is a great mistake of logic to use any material methods of treatment in such cases other than those prescribed by hygiene. Medical intervention is wholly psychic, and it is on account of forgetting this idea that so many patients have years of suffering and often incurability.

CHAPTER XXX

Example of Psychic Treatment in a Case of Psychoneurosis with Multiple Symptoms—Nervous Pains Cured by Suggestion—Value of Direct Psychotherapy—Utilization of the Stoic Idea; Seneca—Pelvic Neuralgia Cured by these Measures

In the cases which I have just described we have seen a series of nervous symptoms cease under purely psychotherapic influences. Nervousness is, in fact, rarely monosymptomatic, especially if one analyzes the mental state of the subject, and if one takes the mental symptoms into account.

These results are particularly instructive, for they show that this therapy ought to be directed to a single end, to attacks not only on the symptoms, but the mental disorder which produces them. That is why I insist so upon this point and allow myself to describe again a typical observation of nervousness with multiple symptoms. Madame V—— was a lady forty years of age who was sent to me as a desperate case by a physician who was a stranger to me.

Very intelligent, but endowed with disordered sensibility and a vivid imagination, she had had an unhappy existence. Her conjugal life had been profoundly troubled; she lived apart from her husband. Already subject to nervous troubles, and to attacks of psychic depression, she had seen her condition grow worse after the birth of her daughter. Under the influence of fatigue and emotions, she had fallen into a psychopathic condition with predominant hysterical symptoms with almost permanent states of astasia-abasia, crises of contracture, pains, and various paresthesiæ. She had passed through several attacks of delirium.

For about nine years she had undertaken various treatments and rest cures, according to Weir Mitchell, and treat-

ments at high altitudes. She had exhausted the whole series of antispasmodics.

Five years before, starting from the false idea that hysteria is a morbid entity, and that it had a genital origin, her physicians had removed the uterus and ovaries. This intervention had only produced a fresh recurrence of psychopathy. In the course of the last year she had had recourse to injections of strychnine. (Parenthetically, I wonder of what use it is thus to poison psychopaths?)

The patient was so afflicted during the last months that she was obliged, on several occasions, to postpone the journey she wished to take, and came to me in a special car in a state of utter helplessness.

On her arrival I observed that the patient was in a good state of nutrition, and did not complain of any symptoms which could make me suspect an organic affection. The psychopathic condition stared me in the face, and I noticed the following symptoms: (1) Complete astasia-abasia, without any symptoms of paralysis, properly so called. There was in dorsal decubitus a certain weakness of the lower extremities, but the energy of the movements would be sufficient to permit her to stand. (2) Impossibility of sitting down, partly on account of muscular weakness and partly for fear of pains in her back. (3) Asthenopia, preventing reading and writing. (4) Photophobia, obliging the patient to draw the curtain and turn a mirror to the wall because its light hurt her. (5) Sensibility to cold to such a degree that on a warm day in June she enveloped her head in a woolen scarf.

In the presence of these symptoms of complete exhaustion of long standing, I grasped the difficulties of the task from the start, and conceived the plan of proceeding slowly from the rest cure and isolation to moral orthopedia, which alone was indicated. Knowing that the patient had shown a repugnance to the idea of submitting to any suggestive influence, I feared to wound her by going too quickly, and in the first interview I avoided all allusion to the psychic origin of nervousness.

But the next day, in conversation with my amiable and very intelligent patient, I immediately departed from this use-

less diplomacy. I burned my vessels behind me, and in the space of half an hour set forth my views on the purely mental nature of all these states of helplessness. As I had expected, judging by my already lengthy experience, the patient accepted without any difficulty these statements, which knocked down the whole scaffold of her old convictions as tho it were a castle made of cards. She essayed a timid defense concerning some details. I relate this incident here in spite of its insignificance, because it characterizes my manner of proceeding. The patient asked me to renew her supply of Hoffman's anodyne, pretending that she found a great deal of relief in her spasmodic attacks.

I said to her: "I will prescribe this anodyne, but you must permit me to tell you that I do not believe at all in its efficacy. You could replace it by cold water or take nothing at all. The medicine can only act upon your trouble by suggestion."

The patient protested a little, and wanted to prove to me the absence of all suggestion by the following reasoning: "My physician, in whom I have great confidence," she said, "has at different times prescribed medicines. He has praised the effects to me, and I assure you that I have taken them with the profound conviction that they would do me good. They had no effect. A little later he gave me the Hoffman drops with an air as much as to say: 'Try them, they can not do you any harm.' I recall having been affected by the contagion of this skepticism; nevertheless, the drops did do me great good!"

"Well, madam, you reply to me as many physicians do, and you are mistaken just as they are. You imagine that suggestion proceeds by conscious syllogisms, and that one has faith when one wants to have it. But it is often born without our knowledge and in spite of our skepticism, which is wholly on the surface before, during, or after medication, especially when a strong improvement due to other causes coincides with the taking of the remedy. Then the bond of cause and effect is established, and henceforward you have all the effects of the medicine that you expect. Believe me, your

trouble is psychic, entirely psychic, and you have no need of material treatment."

The patient did not insist, and in a quiet voice, scanning the question as if to fix her ideas, said to me: "You believe, then, that I could read, write, and stand the daylight if I had the inner conviction that I could do all that?"

"Yes, you have good eyes; the oculist has told you so. I do not see, then, why you could not read. The nervous asthenopia, as we call it, has never been anything but a conviction of powerlessness."

"You also believe that I could stand upon my feet and walk from the moment that I have the conviction of this power?"

"Yes; you have no paralysis, nor any cerebral, medullary, nor peripheral affection which would hinder you from walking."

"Very well; I see that I must change my whole manner of looking at my trouble. Why has nobody told me this before?"

This conversation had taken place on a Saturday. On Monday I found the patient sitting up in bed. She held in her hand a letter, which she had written to her mother and which she was rereading. The curtains were drawn, letting the daylight come in. The mirror had been placed in its usual position. The patient had taken the woolen scarf from her head. In short, she smilingly made movements in her bed to show that she meant to get up soon! Three days after she was on her feet. All the old helplessness of nine years standing had disappeared under the influence of an idea. From that time the patient rapidly returned to a normal life. I dispensed with the rest in bed and all physical measures. The patient went out and applied herself to the reading of philosophical works, requiring a real mental effort. She was cured, and, feeling confidence in her logical mentality and in her fine mind, I felt no fear for her future.

It is evident that this patient could have been cured by the same means at the beginning of her trouble. It would have been enough to tell her the truth and to encourage her.

She was as intelligent as she was tractable. But altho the diagnosis of hysteria was made—that is to say, the most mental of all diseases—recourse had been had to physical measures, even to ovariotomy!

Have I not the right, in establishing this therapeutic innovation, to repeat, as a "Leitmotif," this truth: "For psychic diseases, psychic treatment"?

All that I have said concerning lack of power of all kinds applies equally to the pains which constitute one of the most frequent symptoms of the psychoneuroses. It is wise to remember that pain is, in the last resort, a sensation which can only be perceived by the *ego*. It is a purely psychic phenomenon. Just as we have the right to consider as psychical all troubles of motion which can not be explained by organic lesions or by intoxication, so we may suspect the mental origin of a pain when by conscientious and repeated examinations we are unable to discover its cause.

In many patients the absence of lesions is easy to ascertain, and the etiology and the presence of other psychic symptoms are sufficient to establish a certain diagnosis.

But the diagnosis is not enough; it is necessary that the therapeutic measures should be adopted to the conception that they are based on pathogeny. That is something that is often forgotten.

A little boy ten years of age twisted his foot while playing with his comrades. He went home hopping on one foot, and several physicians were called in, one after another. All recognized, in short, that there was no definite lesion, but before the patient they mentioned several hypotheses; they spoke of effusion, of arthritis, of periostitis, and they applied local remedies—cold compresses and tincture of iodine. The pain only got worse. It was no longer localized in the joint; it extended to the skin, which was sensitive to the slightest chafing; the patient could not bear even the weight of a light sheet. In spite of that, note this characteristic detail: The boy did not stay in bed; he wanted to go out, and for several weeks he entered into the plays of his comrades by jumping

about on his well foot. This is a mental state which is foreign to patients who have a sprain.

For ten weeks there was no improvement, and they brought the patient to a surgeon. He soon recognized the integrity of the joint and the ligaments, and made the diagnosis of articular neurosis. Do you think that he was about to have recourse to psychic treatment? Oh, no; he prescribed injections of carbolic acid and application of a constant current of 50 milliamperes! The injections were made; they only produced a sloughing, which complicated the situation. As to the constant current, the family physician had the good sense not to try it in the prescribed strength.

When I saw the patient seated on his chair I noticed the flaccidity of his atrophied left limb; it measured at the calf 5 centimeters less than the right. The foot hung limp, and in a seated posture the patient could not raise it. On the examination-table movement was possible, and the electric tests did not show any muscular or nervous lesion. The little patient was afraid of being touched, even when the skin was slightly brushed just above the ankle.

There was no doubt about it: it was a psychic, or, if you like, an hysterical case. The course to pursue was to reassure the patient and his mother, and to give rise to the conviction of cure. It was useless with a little chap of his age to enter into a dissertation upon pain. It was simpler to state the near cure and to do something. I advised daily faradization of the atrophied muscle for eight days. Addressing myself to the mother and not to the boy, who, however, was all ears, I said to her: "I am very glad to be able to tell you that there is no lesion; it is purely nervous, and at the end of eight days your boy will be cured." And, in fact, he was, and could walk on the day set. The atrophy diminished slowly, and at the end of two months it was scarcely noticeable.

Here is another case. A confrère who was going on his vacation sent me a boy who, a few weeks before, had fallen from the bar on which he performed gymnastics. He had twisted his wrist, and it showed some signs of synovitis. Compresses had been applied, and his arm was put in a brace.

Actually the patient carried his arm in a sling, and, altho there was no swelling and no palpable lesion, the skin of the arm was hyperesthetic from the hand to the crown of the shoulder. This was a phenomenon foreign to traumatisms; such hyperesthesia is a mental stigma.

With a suggestive intention, I held several séances of Franklinization (that was at the beginning of my career, and I still had need of some therapeutic feints), and every day before anything else I stated that there was an improvement, and that the skin had become less sensitive. I did away with the sling, and placed the patient's hand in his vest. The next day I made him place it a button lower down, then in his belt, and at last in his pocket. Thus, in a few days, he was cured, and he showed it with ostentation by jumping over a bar; he remained suspended there with all the weight of his body bearing on the member which he had not been able to use for weeks. In these two cases (which have to do with children) I profited by their natural suggestibility, and electrization only served me to give them a plausible idea of cure. To-day I could do without the suggestion. I never employ it in adults. Such deception makes me ill at ease, and I always prefer to set my views as frankly before my patients as I would do before a confrère.

I do not hesitate to persuade my patients to neglect the painful phenomena. The idea is not new; the stoics have pushed to the last degree this resistance to pain and misfortune. The following lines, written by Seneca,[1] seem to be drawn from a modern treatise on psychotherapy:

"Beware of aggravating your troubles yourself and of making your position worse by your complaints. Grief is light when opinion does not exaggerate it; and if one encourages one's self by saying, 'This is nothing,' or, at least, 'This is slight; let us try to endure it, for it will end,' one makes one's grief slight by reason of believing it such." And, further: "One is only unfortunate in proportion as one believes one's self so."

---

[1] Œuvres complètes de Sénèque (le philosophe). *Lettre LXXVIII. à Lucilius.* Paris.

One could truly say concerning nervous pains that one only suffers when he thinks he does. I could quote numerous examples which show the possibility of suppressing more or less rapidly and often once for all such painful phenomena. I will only cite one, in which the cure was rapidly obtained after eleven years of suffering.

Mme. A——, the wife of a physician, was thirty years of age, and had enjoyed good health until her nineteenth year. Her father, sixty-seven years old, had had during his whole life a tendency to melancholia. He was eccentric, self-willed, and paradoxical. The paternal grandmother had suffered from melancholia. The mother died of cardiac trouble at forty-three years of age, probably from cerebral embolism.

At nineteen years of age the patient noticed that after having worked with her needle her eyes were irritated and tearful. The oculist made the diagnosis of asthenopia from error of accommodation, and prescribed glasses. The sudden death of her mother prevented the patient from following her treatment and provoked new symptoms. Under the effect of emotion the patient perceived that she could not move her eyes; they were fixed. She also had palpitations and digestive troubles. The asthenopia increased; she experienced a painful tension around her eyes and in the ala of the nose, chiefly on the right side. The death of her mother made the father still more peculiar, and this sad life began to aggravate the nervousness which was already evident in the patient.

Another oculist found no lesion, but made an unfortunate suggestion by saying: "You will always be a mystery for the physicians!" It is not always well to say all that one thinks.

Her engagement being opposed by her rather selfish father, her marriage was delayed for more than three years. A third oculist spoke of nervous contracture, and expressed the opinion that a change of life—for example, a happy marriage—could bring about a complete change—a characteristic word in the mouth of the specialist always ready to localize the trouble, and which shows the psychic nature of this asthenopia.

She married in this condition, always suffering from her

eyes, and from palpitations, digestive troubles, and stomachic vertigo. She took a wedding journey of three or four months suffering still more, and returned *enceinte.*

Her pregnancy was accompanied by digestive troubles and swelling of the neck and the fear of going alone in the street—all symptoms which belong in the nervous class.

Already, during her journey, she had found it impossible to eat at meal-time; on the contrary, in the interval she would experience sudden feelings of hunger with sensations of vertigo, which obliged her to take some food. This condition continued until her delivery. A breech presentation and uneasiness provoked by her accoucheur, who diagnosed a tumor, made her fear an abnormal fetus, a monster, and she could not rid herself of these fears. The delivery was with forceps. There were uterine cramps with pains analogous to those which characterized the actual condition.

After the delivery there was improvement—so much so that the patient for a month could believe herself cured; but when she tried to walk she experienced sharp pains in the lower part of the abdomen, and was treated by her husband for metritis. The condition was still further aggravated by the fatigue brought on by the care which she gave to a sick child.

At the end of a year she consulted a celebrated accoucheur, who noted endometritis with right salpingitis. Treatment by caustic pencils was without success. Then she had recourse to another gynecologist who declared that his confrère was an ass, denied endometritis, but admitted a left salpingitis, declaring that she never would be cured. This is what we call inverse suggestion! Then followed vesicants. Since then the pains have persisted, and during her eleven years of marriage the patient has never been able to stand a walk of more than ten or fifteen minutes. If she wanted to go farther she was overtaken with intense pains in the lower abdomen, chiefly on the right and then on the left. She kept up the continual use of vesicants.

Another physician made the diagnosis of enteroptosis with

prolapse of the uterus and prescribed pessaries and a Glenard's belt.

New emotions appeared, with broncho-pneumonia in her child and angina pectoris in her father, who was always eccentric and bad tempered. Continued and varied treatments were taken from 1892 to 1902.

In 1898 an excellent physician diagnosed pelvic neuralgia, and for seven weeks made her take the following treatment: Hydrotherapy, internal massage, electricity, cauterization of the cervix, application of ice to the vertebral column, and suspension.

At the start he gave her strong hopes of cure, but was obliged, to his great regret, to conclude that she was incurable. In 1900 a celebrated physician declared, after an examination of a few moments, that the condition was incurable, and, without conviction, advised a new pregnancy. This happened, in fact, but it only made the patient's state worse.

In 1902 a physician recognized (at last!) the neurosis, and prescribed frequent purging, vesicants applied, sometimes to the nape of the neck and sometimes under the arm! (This is something that ought to cure a neurosis!)

I saw the patient at the end of June, 1902. She was a strong woman, in a good state of nutrition, which from the start contraindicated treatment by overfeeding. I noticed immediately that her look was a little dazed and a little nervous, that she was voluable in her expression of her sufferings, and that she was impressionable, for she described as very moving several events of no particular importance. That very morning she had gone out to attend mass and was obliged to return home on account of her pains. I recognized, in briefly questioning her, various symptoms of nervousness, psychopathic heredity, and the influence of emotions, nervous asthenopia from the age of nineteen, successive aggravations under the influence of fatigue and emotions, palpitations, dyspepsia, vertigoes, and aggravation of these troubles in her pregnancy with the phobia of going alone in the street. All that was the history of a nervous person. As to the pains in the pelvis, it is probable that they were nervous also, as

none of the diagnoses made before had indicated a precise lesion and several physicians had qualified the disease of the pelvic as neuralgic.

But I could not be sure upon this point without examination and I begged my confrère, Dr. Conrad, to give me his advice on the case. He replied, after two complete examinations: "This patient has no sign of gynecological affection. The uterus and its appendages are intact. There are two neuralgic points, the one on the posterior face of the body of the uterus, the other on the posterior face of the neck. These points are very localized, extremely painful to the touch, but it is impossible to discover a lesion. We are forced to admit in these cases a neuralgia, and experience has shown us, alas! that these troubles do not yield to local treatment. From the gynecological point of view, however, they are very rebellious, and I believe that the general treatment of nervousness would be in order here. In order to avoid provoking the pain I should even consider it wise to give up making local examinations."

Strengthened by these instructions, I was able to say to the patient: "You have suffered for ten years from this inability to walk. During ten years you have exhausted all the resources of physical and pharmacotherapy. The very failure of these attempts should not discourage you, for discouragement leads to nothing, but it shows you that you have been on the wrong path. We must cease to treat the body which is healthy; it is a question of the mind. Your whole trouble is nervous—that is to say, psychic. I will show this to you little by little in the course of the treatment. Your whole history from nineteen years of age has been that of a nervous person dominated by feelings of helplessness and neuralgias without evident lesion. Moreover, you have the psychotherapic heredity and I often find you in moods of depression."

During the first three weeks I had much trouble to make her understand me. The patient, who was intelligent, did not oppose my deductions by rational objections, she did not quibble; but she believed herself incapable of having been mistaken by her pains, and chiefly she feared that she would

never escape from the bondage of her melancholy feelings. Each morning she awoke troubled and anxious, and could not remember the advice which she had accepted the evening before, and, as in conditions of melancholia, the idea of incurability persisted.

This struggle would have perhaps discouraged me fifteen years ago, but, persuaded that I had to deal with a pure psychoneurosis, and proving the helplessness of physical treatment, I felt the necessity of pursuing my psychotrerapeutic task without respite and without truce.

When it was time to make a plan of treatment I had to know how to persist with an imperturbable obstinacy. I had to know how to silence her fears, and teach her not only not to show them, but not to have them. One must desire the cure of his patient and believe that he desires it. When one has succeeded in creating this state of mind, one does not let one's self be thwarted by a few weeks of failure, and in the end one has the happiness of seeing the fulfilment of the cure.

I put the patient to bed for six weeks, but said that I did not count at all on this means to cure her. I only had recourse to it to avoid for her the possibility of attacks of pain as movement brought them on. I insisted on making her understand that, in any neuralgic conditions whatsoever, it is always to one's interest to diminish the number of attacks in order to combat the tendency to repetition. I made no prescription of diet and I left the patient, whose weight was normal, free to eat what she wanted to.

I had her take a slight massage of the extremities to improve the circulation, only attributing to this measure the slightest importance from the therapeutic point of view. The treatment consisted wholly in clear conversations on the nature of nervous phenomena and on the influence of the moral on the physical. I did not fear to combat the confidence which she might still preserve in physical means by reminding her of past failures and I sought to give her a new faith—that of treatment of the mind.

When, at the end of a few weeks, she came out a little from the state of melancholic confusion which had hindered

her at first from following the conversation, I led her to higher considerations, insisting on the necessity of constant courage and stoicism. Our conversations bore on altruism, on the danger that there is in always thinking of one's self. A more complete understanding was established between us. The hope of cure grew in the mind of the patient who at first had seemed so rebellious.

In the seventh week she got up, still a little fearful. She went out, and forced herself to walk, disregarding the pain, and at the end of a few days of exercise she undertook to climb on foot a little mountain about 1700 feet high. After that her cure was assured. The patient took a journey, saying that she stood it without any difficulty, and returned cured of this pelvic neuralgia, which had been declared incurable.

From the start the patient, delivered from her pains, still suffered from an unhappy state of mind and a tendency to melancholia, and, fearing for her sanity, I felt that I ought to call her husband's attention as a physician to this mental state, which was of more importance in my eyes than the neuralgic symptoms.

Three months afterward he announced to me that the neuralgia had not reappeared, that the patient could lead a normal life, and that little by little she was coming out of that mental state of depression which was so distressing.

I saw the patient a year later. She had always been well, and did not complain of anything except her mental condition, which was not as strong as she wished it to be. However, she was living a normal life, after having been for eleven years condemned to rest. She will, I am sure, lose this native psychasthenia which has made her existence so painful, in spite of all the elements of happiness which life has offered to her.

CHAPTER XXXI

Analysis of a Case of Hysteria with Multiple Symptoms — Disastrous Effect of Wavering in the Diagnosis and of Local Treatment—Only a Direct and Frank Psychotherapy Puts an End to the Vagaries of the Disease—Recent Progress of Psychotherapy—Buttersack, of Berlin —The Works of D. P.-E. Levy, of Paris—The Education of the Will—Necessity of Holding to Psychotherapy Pure and Simple

THOROUGHLY to appreciate the value of a psychotherapeutic treatment one should be able to follow the patients and be present at the conversations. One would then see what a physician can obtain by a word and a smile, and would admit this extreme "impressionability" of the mind, which is a fault when it creates unhealthy autosuggestions, but a precious quality when it leads to cure.

I would like to try, by analyzing a few complex cases, to give an idea of this wholly moral therapy. In April, 1902, I received from a very distinguished confrère a letter in which he recommended to me a young woman thirty-one years of age afflicted, he said, with a serious hysteria which he had treated for four years.

He indicated the hereditary effects and the evident nervousness of the mother and summed up his observations in these words: "I have had evidence from the start of gastric troubles, with such intense cardialgia that I have been obliged to diagnose an ulcer of the stomach; but the usual treatment had no success, and, returning to the hypothesis of a general and special gastro-intestinal neurasthenia, I cared for the patient for eight weeks in a sanitarium. There was improvement, and an increase of weight from ninety-two to one hundred pounds, but she remained amyasthenic and suffered incessantly from cardialgia. The treatment was hydrotherapy, massage,

electrization, and diet. The symptoms persisted; constipation was always marked with violent enteralgia in the region of the colon, extending to the sigmoid, typical muco-membraneous colitis, less pain in the stomach, but more in the abdomen, thighs, and knees.

In 1899, considering isolation to be favorable, she was sent to a foreign sanitarium. The intensity of her pains, the swelling, constipation, and thinness, led the physician to the diagnosis of tuberculous peritonitis. He diagnosed some adhesions, but advised against any operative intervention and contented himself with enemas of oil, and narcotics.

On her return home the family physician could not agree to this diagnosis and asked for a consultation with two other confrères, one of whom was a skilful surgeon. They thought of nervousness, but did not completely exclude the diagnosis of a lesion. Thus, when the patient declared that she wished to make an end of it, and when she asked for operative intervention, they made, to be sure, an exploratory incision, establishing the integrity of all the organs. There was a rapid cure of the operated region without any relief of the pains.

In the summer of 1899 she took sea baths and douches without success. The hysterical condition became more marked. There was pain on the lower part of the abdomen to the left, anesthesia of the skin of the body, and irradiation of pain along all the limbs. It was difficult for her to take food and she became emaciated, her weight falling to one hundred and ten pounds. The patient in this condition spent three winters in complete rest in the country, in a family where she was comfortable. Her condition remained stationary. Her constipation was obstinate, so that she often had only one movement a week, in spite of enemas and laxatives. The insomnia increased day by day. A gynecological consultation was held without any result.

In the summer of 1900 she underwent, without improvement, and rather with aggravation, a prolonged treatment in a sanitarium for nervous patients. They there found permanent pains, stubborn constipation, anesthesia of the whole body, except the hands, the soles of the feet, and in the neighborhood

of the wound of the laparotomy, where there was hyperesthesia; also bilateral contraction of the visual field. The physician recognized hysteria and asked himself how this person, who seemed so well endowed from the mental point of view, could happen to have a major neurosis. He discovered as a provoking cause the grief of having lost two friends and fright caused by a fire three years before.

He made a great many examinations of the rectum, electricized that organ, and gave lavage of the stomach to cause contractions. At last he tried hypnosis and found the patient hypnotizable but not suggestible. Any posthypnotic suggestion did not act, and, at the end of about five séances, the patient showed some fear in connection with this proceeding. At last he had recourse to electric baths and then to narcotics.

The patient was discouraged, and had some disagreeable experiences with her nurse. Then the pedagogical idea was broached, and the favorable influence of a regular occupation; but the physician seemed to be at his wits' end, and in a pessimistic letter he dismissed his patient, all the while telling her how sympathetic he had found her.

In the summer of 1901 she was in the same condition, hysterical aphonia having lasted some weeks. New treatments were tried without any hope on the patient's part.

The physician who sent her to me saw her in October, 1901, and indicated a localized meteorism at the left iliac fossa, where the colon could be felt to be distended. The region was painful to the touch and they came back to the idea of peritonitis. She took a treatment of rest and poultices. Then she made a new visit to the country where she enjoyed perfect quiet but where she always was in pain. After she had lain for half an hour on a steamer-chair in the open air she was overcome with incredible fatigue and a feeling of exhaustion which lasted for five or six hours.

"You are going to say that this is nervousness," she wrote to her physician, "but that does not hinder it from being extremely painful." It was only in bed that she felt any better. She was discouraged, and wrote, while thanking her physician for his devoted care: "I hope that you may never have in

the future a patient who is so difficult as I am!" At last, in a postscript, the physician continued: "Objective gastric symptoms; mucous catarrh without chemical disturbance or disturbance of motility. Intestinal symptoms with muco-membraneous enteritis. Finally anemia."

It was in this distressing state, lasting six months, and which always grew worse in spite of therapeutic intervention, that I took the patient for treatment.

This information was sufficient to enlighten me as to the diagnosis, and the only interest I had in the first interview was to see whether the patient was well disposed, and confident, and of sufficient rational understanding to understand me. At the end of a half-hour's conversation I was reassured on this point, and I could say to the patient: "You will be cured; there is not the slightest shadow of doubt of that for me."

On the second visit I made a new examination which confirmed the diagnosis. I learned the following antecedents: Good health until twenty-five years of age, save excessive impressionability. Gastric troubles and fatigue following the death of two friends. On the occasion of a slight fire caused by her brother who came home late, intoxicated, she was frightened, and since then had persistent fear of fire which kept her from sleeping. At last, as an aggravating cause, came her experience of failure in therapeutic measures and the variations in the diagnosis.

But the patient was intelligent and high minded. She showed confidence. That was all that was necessary to prophesy a good result. The clinical examination showed: emaciation, cutaneous anesthesia of the trunk and of the limbs, chiefly on the left side; pain in the left iliac fossa, relieved by poultices; great pain on the pressure and great pain also by the simple pinching of a fold of skin! Palpation did not indicate any alteration of the intestine or of the ovary; the exploratory laparotomy had, however, shown the integrity of the organs.

Hence I stated that the whole trouble was nervous, that there was no lesion, and that it was all absolutely curable.

I put my patient to bed, prescribed for her a milk diet, and told her to keep in her mind the following reflections: "My trouble is purely nervous; the doctor has told me that in his dictionary the words 'nervous' and 'curable' are always joined together. I will live, then, in this happy hope—no, in this certainty—of cure!"

The patient immediately began bravely to drink her milk and the first week gained a pound in weight. Her nights improved. She slept half an hour, then three hours, then five hours. Often, after a passable night, there would come a bad night and the patient would say to me: "When I can not sleep, then I am agitated and I can not fall asleep again." I profited by this confession in order to expound the psychology of sleep to her.

I exhausted this subject in a long conversation, showing the patient that to seek for sleep was only to drive it away, as she herself had found out. I went into all the details, analyzing the physical and psychical causes of insomnia. The patient understood me. The nights became better; she ate well, and without complaining of dyspepsia. But the constipation persisted and every two days she had to have recourse to a large enema. But from the start I succeeded in suppressing all preoccupation on the subject of constipation by telling her: "You do not have to concern yourself about it. Under the influence of overfeeding and of observing a fixed hour you may have a movement spontaneously, so that everything will be all right; or you may not have to succeed, for we have an enema to fall back upon which will always work. In all ways free yourself from anxiety. Do not let us talk any more about this symptom! You shall only tell me when you have regular movements, that will not keep you back." From that day the phobia of constipation ceased, altho success was delayed and it was only at the end of seven weeks that the first spontaneous evacuation came.

The most distressing symptom was the pain in the left iliac fossa which was often accompanied by a swelling. I admitted to the patient that this symptom, when it had been still more marked, could have led the physician to a diagnosis

of peritonitis, but that a later observation had shown that it was only due to a nervous peritonitis. I continued to state that it was nervous and curable. I told her of the cases in my clinic which had been cured and showed her examples of emotional diarrhea, tachycardia, nausea, and vomiting, born under the influence of a pure mental representation, the action of the idea on our functions. At the same time I made her notice the regular gain in weight, and told her that she looked better in her face, which was true. Assured myself that she would be cured, I had no difficulty in transmitting my conviction to her by a sort of moral contagion.

What is more she accepted all these councils. Without any concern for her gastric disorders she took three full meals a day with milk between times. She made herself go to the toilet regularly every day at a stated time to make an effort. She no longer troubled herself about her insomnia; in short, with a joyful sort of stoicism she neglected her pains, being sure that, as they were no longer due to organic disease, she had nothing to fear, and was persuaded that one could set up a moral resistance against pain which, when it was due to nervousness, would become a source of cure.

Every day I returned to this psychotherapic instruction, sometimes happening to do so in conversation on these subjects, sometimes summing up the ideas and recommending them to the meditation of the patient, giving her her task for the day. Once I would tell her, for example, to let her mind dwell on these few simple and clear ideas: "First, my whole trouble is nervous—that is to say, psychic; and as there is no lesion, my condition is curable. Second, one can always place one's pains on a lower rung of the ladder of evils and can at last manage voluntarily to forget them."

Not only did the patient accept this idea without protestation, but with exceeding fineness of psychological analysis, she criticized it, and said to me: "Is the expression quite right when you say 'forget them voluntarily'? It seems to me that when one fixes one's mind on anything, one can not forget it!"

"You are right," I said to her; "there is a certain contra-

diction in these two words. It is a little as if one tried to catch himself not thinking, which is impossible, for then one is asking: 'Am I thinking or not?' Or else, in order to take a still grosser comparison, it is like the game of looking in the mirror to try to see how you look with your eyes shut. Do not forget your pains voluntarily, but accustom yourself always to consider them as slight, and then you will quite involuntarily forget them, for one neglects what has no importance."

Without dreaming that she herself had had aphonia I quoted to her the case of an hysterical aphonia which I had cured in three days by simply turning the patient's thought away from this symptom. She understood, but, like the majority of nervous people she did not want to admit the same influence in her own case.

"My aphonia," said she, "did not have the same origin; it was due to an autosuggestion. I had even forgotten this symptom and I was not at all discouraged by it. But suddenly having upset a cup of tea in my bed, I could not raise my voice to call to my sister."

"Pardon, you had not forgotten your aphonia. At the moment of that accident you were seized with two contradictory ideas—on the one hand, the desire to call out, and, on the other, the conviction that you could not do it. If you had truly forgotten your aphonia you could have spoken."

The treatment followed its course without other psychic measures than rest (which she had tried before without success), overfeeding, and general massage—all being useful auxiliaries, but they could not bring about a cure.

Every effort bore upon the mind and on the morale. It was necessary, not only to dispel the numerous autosuggestions and convictions of helplessness, but to arouse her moral energy, and to teach the patient to take life in another way, and adapt herself to circumstances.

The patient grew stronger, regained her embonpoint and no longer complained of pains. She was able to act like a healthy person, to go and come, read and work. Her digestion was good, her movements became regular, and she was

almost cured when she left the sanitarium—three months after her arrival. Since then she has continued to live an almost normal life.

Undoubtedly she was not wholly cured. She remained in the good condition of nutrition to which I had brought her; she was active and worked like a healthy person, and in the eyes of her family she could pass as cured. But I still found in her a tendency to insomnia, a slight pain (which she did not notice) in the left iliac fossa, and always a certain emotional tendency and too great an impressionability. And, lastly, she had not been able wholly to free herself from the fear which she had on the subject of a possible fire when her brother, who was always somewhat unsteady, came home late. It must not be forgotten that she was an old maid, and that she lived in a nervous environment. But the success was none the less evident.

Why should the patient, who in three months had almost reached a cure, have seen her condition remain so long without improvement, even grow worse during the six preceding years, and during treatments which she had received from physicians whose competence and devotion I recognized?

The cause of the lack of success is the same as in the cases which I have pointed out; it is the absence of clear views on the nature of nervousness. At the start the diagnosis made was round ulcer. I recognized that the error was possible, and in no wise reproached the physician for having made it. But however excusable our errors may be we must recognize that they are often fatal to the patient. The failure of the cure had already discouraged the patient. Then the physician recognized the neurasthenia, but instead of having seen at a glance that the whole thing was psychic, he spoke of general and special neurasthenia; he was haunted by the idea of localized neurasthenia in the nerves of the stomach and he always had recourse to physical measures.

They withdrew the patient from the family circle and a strange physician revived the fixed idea of an organic trouble by speaking of tuberculous peritonitis. There again I do not know whether or not to reproach the physician for his error,

altho, in my opinion, it might have been possible for him to avoid it and to have recognized the hysterical peritonitis.

But, pardonable or not, this diagnosis was not favorable for bringing the patient to a sense of conviction that she would be cured. In the consultation of the three physicians the idea of hysteria was discussed, but they were still doubtful, and let themselves be led to make an exploratory laparotomy. This proof of the integrity of the organs might have been useful. They could have said some good has come out of the trouble; but they did not know how to take advantage of it in order to rid the patient's mind of all ideas of organic affection.

At last, in a sanitarium, pure hysteria was diagnosed, but examinations of the rectum and of the sigmoid region was continued, and enemas, electricity, and massage were still employed. Several medicines, even narcotics, were experimented with. At last the patient was hypnotized, but was not found to be suggestible! It should have been said that the patient accepted the suggestion of sleep and repulsed that of cure. It would have been of more value to have tried this latter upon her. And then it would have been easy to show her that there was nothing the matter with her.

In all these treatments I see no trace of direct, open, and convincing psychotherapy, which is the only efficacious thing when it is a question of psychic troubles.

However, the light is dawning little by little; the word "psychotherapy" is on everybody's lips. Buttersack,[1] at Berlin, insists on the moral action that the physician can and ought to exercise. He analyzes minutely the origin of psychic imponderable factors and recognizes the value of an optimistic philosophy.

A Parisian physician, M. Paul-Emile Levy[2] has for a long time recommended autosuggestive processes for acting on ourselves and our mentality in such a way as to suppress diseases, and to substitute for them the desired feeling of health.

---

[1] *Pädagogische und psychologische Bemerkungen zur psychischen Therapie.* Von F. Buttersack. (Die deutsche Klinik, 1903.)

[2] *L'Éducation Rationnelle de la volonté et son emploi thérapeutique.* Thèse de Paris, 1898.

I often recommended my patients to read this book on rational education of the will when they are sufficiently advanced to understand it and to apply its wise councils.

But there is still too much of a "process" and of artifice in the methods of Dr. Levy. The subjects "suggest" things to themselves. There is a sort of simulation of hypnosis. In certain cases the patient places himself on a sofa, and puts himself in a favorable condition. According to my ideas, this is too much like imitating the practises of the hypnotist; we recognize in him a pupil of Bernheim.

I would like to see a pure psychotherapy; the stoicism which cures ought to be based not on autosuggestions which are artificially put into one's mind during a "séance," but on lasting philosophical views which can serve as a guide in life. From this point of view I still prefer to recommend to the bravery of young people who are neurasthenic the work of J. Payot.[1]

A similar evolution, however, is made in the thought of Dr. Levy. He insists on the relation of the physical to the moral and recommends a hygiene for the mind.

In two recent communications[2] he has shown the advantage which can be derived from clear psychological ideas in the treatment of patients. In his analysis of the phenomenon of "pain" he notes distinctly the amplification which the suffering undergoes under the influence of the mentality of the subject; he insists on the frequency of "nervous" pain, even when it is provoked by a lesion and even when the subject is free from symptoms of nervousness.

In two cases of sciatica he obtained cure by suggestive processes, coupled with the use of some medicines, making an effort to suppress the patient's fears and her concomitant mental states.

It was good psychotherapy, whether the idea of suggestion

---

[1] J. Payot. *Éducation de la volonté* (Bibliothèque de Philosophie Contemporaine).

[2] *Sur la délimitation du nervosisme à propos de l'élément douleur.* Communication faite à la société de psychologie. (Juillet, 1901.)

Traitement et guérison de deux cas de sciatique par rééducation. (Revue générale de Clinique et de Thérapeutique, 1902.)

was always recognized or not. I have often said that one can not always avoid this latter, and that I am sometimes obliged to capture the patient's confidence in a somewhat artificial manner. But, in this case, I am not wholly satisfied with my work, even if the result is obtained. I always prefer the clear situation, which consists in resolutely placing the problem on psychological ground.

Without cruel indifference, and without giving the patient cause to be hurt by the idea of being considered an imaginary invalid, I lead him in another direction: I bring him to an analysis of the psychic ego. I point out his fears, his timidity, his mistrust concerning the means which have been proposed. Soon it is the patient who helps me in this examination of his mentality, who reveals his apprehensions to me, and recognizes that they have retarded his cure.

The more one advances in age and in experience, the more one gives up medicinal and physical agents, excepting in cases where they find them to be truly valuable. There is no longer any need of all these little medical deceptions. One must apparently advance toward the patient without arms in order to defend him against sickness. You think that he is going to be alarmed and to doubt the efficacy of your protection! Ah, no; he has the good sense to think that as you are not armed from head to foot it is apparent that there is no danger. Physicians should reflect a little on the efficacy of such a conviction.

CHAPTER XXXII

Proofs of the Value of Moral Treatment in Psyconeuroses—Modifications of Mentality as the Result of Advice—Relation of a Case of Psychoneuroses which, Having Resisted Physical and Moral Cure, was Cured in a Single Day by Psychic Influence—Divers Cases of Nervousness, in which the Cure has been Obtained without Physical Means (by Psychotherapy) in the Course of a Few Conversations

I SHOULD be drawn too far away if I tried to enumerate patients with psychoneuroses who were cured by these means and to analyze the psychology of all these patients. I am obliged to limit myself to the description of a few typical observations; they seem to me sufficient to indicate to such physicians as are endowed with some perspicacity the path which I have followed.

The majority of the results which I have quoted have been obtained under the favorable conditions of rest cure, isolation, overfeeding, and massage. I have taken care to remark distinctly that I only look upon these means as auxiliary and that I attribute the cure to *moral treatment.*

But I foresee an objection. Some one might say to me: "Yes, the results are striking; but you have employed various means at the same time, and nothing can prove that you must rank your psychic influence as of the first importance. You hold physical measures too cheaply and you forget that others obtain analogous results by physical and medical agents without ever dreaming of adding psychotherapic procedures."

Yes, I know it; the neuroses were cured before the intervention of rational psychotherapy. But I have said that all treatment exercises a suggestive influence; it is impossible to eliminate this factor.

On the other hand, I have seen so many patients cured by the means which I have set forth whose nervousness had

resisted the usual treatment, that I am forced to recognize the power of psychic treatment. It is quite possible in Weir Mitchell's treatment to bring into play both physical and moral agencies. Rest, diet, and massage can only act slowly and progressively; one must wait for the cure. But when, from the beginning of the treatment, or during its course, a sudden improvement takes place, following a conversation, when the patient recognizes himself that he has simply yielded to good sense, it is impossible to deny this moral action.

In all my observations I have noted this curative influence of the idea. Without any doubt, rest does a great deal of good to patients; isolation may give them moral calm and eliminate hurtful influences; the improvement of the state of nutrition is desirable. But it is by *persuasion* that one can suppress fears, forebodings, and the fixed idea of physical, intellectual, and moral helplessness. A little persuasive eloquence can bring dyspeptics not only to eat with a good appetite but to digest. By the councils of healthy medical philosophy one can cure insomnia, constipation, emotional tachycardia, and all the other symptoms of nervousness. It is, in short, by a still higher psychotherapy that one is able to give the patient confidence in himself, and that one can lead him to an attitude of brave morality, which makes him able to avoid a recurrence of his trouble.

The rare failures of psychotherapeutic treatment made under favorable conditions may sometimes serve to demonstrate and to establish the value of psychic influence.

I have quoted in the *Revue de Médecine*[1] the following case: A few years ago I was called by a confrère to see a lady thirty-six years of age, who for several years had suffered from very serious gastro-intestinal troubles, complete anorexia, coated tongue, pains in the stomach, nauseous risings, vomitings, obstinate constipation, alternating with a clearing out of the intestines. She suffered from intense headaches and insomnia, she was anxious and sad, and she fairly gloated over the recital of her troubles; but these symptoms had been rele-

[1] Loco citato.

gated to the second place by numerous specialists who had given the place of honor to the universal gastro-enteritis of Broussais. The patient was treated without any success along the line of lavage of the stomach and of the large intestine, and by stomachic medication.

I was, on the contrary, struck with the physical condition of the patient. She had the characteristic look of the hysterical person, and the eye that was both vague and anxious. Without neglecting the trouble with her digestion, she dwelt upon her frightful and persistent headaches and on her precordial anguish. In spite of insufficient food, she had preserved a certain embonpoint. She was not anemic, but she had been amenorrheic for seven months. All of these symptoms had happened at the end of an unfortunate married life which terminated in divorce, after some years of martyrdom. The physician who cared for her last concluded, as I did, that she had nervous dyspepsia accompanied by an hystero-melancholic condition and did not hesitate to assign the preponderating etiological rôle to her conjugal unhappiness. After a trial treatment at home I had to take the patient to my sanitarium and put her upon my usual treatment.

I succeeded very well at the start. Her digestive functions were reestablished and her sleep returned; the headaches diminished, and, by the fifth week, I began to hope for a rapid and complete cure. Suddenly, under what influence I can not tell, the patient slipped away from me mentally; she became rebellious and less accessible to my psychotherapy; there seemed to be a certain coolness between us. Then her look became nervous, and in a few days I saw the dyspepsia in all its intensity come back. Her anxiety reached such a pass that I was afraid of the development of true melancholia; her tongue was coated, the eructations became nauseous; the stomach was dilated; diarrhea appeared, carrying off the remnants of badly digested food in bursts of fetid gases.

Certain tho I was of the nervous nature of the disease, I felt somewhat unsettled, and was at the point of having recourse to the stomach-pump and of diminishing her food, but I did not have the courage for such recantation—not from the

puerile fear of acknowledging an error in diagnosis, but because I knew the failure of previous attempts along these lines, and because I feared to lose the suggestive influence which seemed to me to be necessary in order to reach my end. I hesitated so much that the patient lost confidence, and went away without having received any benefit.

I learned later that she had returned to her old idea of the gastric origin of the trouble, that she had fallen into the hands of cranks with chemical theories who had gone back to the lavage of the stomach and irrigation of the intestines and restricted diet. I learned also of the failure of these continued attempts during several months and I believed my patient to be lost. About a year later the fellow physician who had sent her to me told me of the complete cure of this patient happening suddenly one day under the sole influence of a change in her state of mind. The patient had been of luke-warm faith until that time, when she had entered into a Protestant sect, and between one day and the next all her troubles ceased. When my confrère asked her: "And you can digest anything, even solid food?" she replied, with an illuminating smile: "Why, certainly; these foods were given to us for our good, they can not do us any harm!"

The cure was kept up, and the patient herself announced it to me, attributing it solely to Divine influence. Disappointed as I was at first in witnessing the inefficacy of my effort, I could not help but congratulate the patient upon having found her health, and after all, for my personal instruction, I am very happy that she recovered it by this wholly psychic method.

For several years I have only subjected exhausted and emaciated patients to the regular treatment in my sanitarium. I do not permit them to labor under the slightest delusion in thinking that this material treatment will be enough; I make every effort, on the contrary, to have them understand that the cure is possible only by psychic means.

The rapidity with which their change of mentality is made is truly astonishing. Let me quote a few examples. M. X. was a neurasthenic of forty years of age who had always

been easily fatigued and whose moods were slightly hypochondriacal. He suffered from dyspepsia and often from insomnia, but what annoyed him most was his sensitiveness to noise. The noises of the street irritated his nerves and gave him headache. Finding no indications for Weir Mitchell's treatment, I established the patient in a boarding-house. Scarcely had he come there than he began to complain. There was a coppersmith in the neighborhood who every day hammered his brasses; the patient counted the blows of the workmen, and when the last had stopped he would say to himself: "It is going to begin again!" There were a great many carts which passed and which ground on the gravel of the road. That was unbearable. At night there were dogs which barked at the moon and neighbors who came home late!

It was with an accent of reproach that he told me his annoyances, for he had warned me by letter several weeks in advance, that he must have a quiet room.

"Monsieur," I said to him, "I have no other room at your disposal, and if you will take my advice it will be better to stay here. I will acknowledge to you that even if I had a quieter room I would hesitate to give it to you."

"Ah, really, it is not very amiable of you to say that."

"Pardon me, you misunderstand the meaning of my words. You want, do you not, to get rid of this sensitiveness to noise which has tormented you for so many years? If I should put you in a chamber of luxurious silence you would suffer less, but when I let you come out you would be still more sensitive; you know that when we have been in the dark the light of a candle dazzles us. You will never get over this infirmity by cultivating your hyperesthesia. I most certainly do not want to exaggerate things and I have no intention of placing you under particularly difficult conditions, as in a noisy house. But the retreat which I offer to you is as tranquil as the average. You will find noises everywhere resulting from the activity of your fellows. You do not, however, want to live the life of a hermit; your profession requires a sojourn in town. What will become of you if you do not know how to bring back your sensibility to the normal condition?"

"But it is stronger than I. My auditory nerves are endowed with a diseased sensibility."

"You are wrong. Your auditory acuteness is normal. It is not your ears which are too sensitive; it is your mind. The noise only tires you because you pay attention to it, because you have the conviction that you can not stand it. Just believe me, no one hears anything but that for which he listens (you have told me that you count the workmen's blows); no one sees anything except what he looks at; no one has any sensations except those to which he pays attention. Undoubtedly, if the noise is too loud and the light blinding, our attention is immediately fixed, and I will not ask you not to tremble if a bomb bursts beside you. But the noises of life are inevitable and we must know how to pay no attention to them. What neurasthenics lack is the power of adaptation. Say, then: 'I will pay no more attention to these noises; they do not exceed what is possible to bear.'"

At the end of three days my patient had suppressed this wholly psychical hyperesthesia and I no longer had to concern myself with this symptom. This sensitiveness to noise is frequent among my patients and I have always succeeded in making it disappear by such advice. It is often the same way with sensibilities that are wholly moral.

Mlle. X. was a governess who had for a long time suffered from dyspepsia and anorexia and who had lost about twenty-five pounds in the space of a few months. She had a slight infiltration of the right lobe. I immediately insisted upon the necessity of overfeeding and I prescribed the régime of three copious meals a day with milk at ten and four and nine o'clock. Noticing her impressionability and sadness, I found out something about her situation and asked her if she was happy in the place which she held.

"No," said she; "I have to stand all sorts of annoyances in that family and it is that which has made me nervous."

"Would you not like to change your position and find a place which would be more congenial to you?"

"Ah, no, I do not want to. There are very great pecuniary advantages in this position; we spend the winters in the south

and the summers in the country, and it would be difficult for me to find a better place from this point of view."

"Mademoiselle, one should not rest between two chairs; it is wise to sit down upon the better one. When one is not content with a position, one changes it if one can. If that is not possible, especially when there are very good reasons for holding it, one keeps it, but then one must keep it with good grace. It is not sullen resignation which I am recommending to you, for that is a vice; it is adaptation."

These councils, developed in a single but lengthy conversation, had a definite effect. The patient was able to put her overfeeding into practise and regained her lost pounds. She learned also to accept her life and has no longer had any reason to complain of nervousness.

Neurasthenic physicians are in general more stubborn than all other human beings; they argue and oppose me, often with the whole stock of their preconceived opinions. There are, nevertheless, some who have a quick perception. A confrère wrote to me from a resort in the mountains. He had suffered for a long time from neurasthenia; he had just made a long sojourn in a high altitude and asked me what other resort I could indicate to him for neurasthenia.

I had a very strong desire to reply to him: "Neurasthenia is a psychic disease; it may be treated at the sea-level just as well as at an altitude of five thousand feet," but fearing to repulse him by expressing my opinion so frankly, I begged him to come to see me. I saw him at the hotel. He was a strong man, in a good state of nutrition, without organic lesions. He acknowledged, moreover, that he was quite well physically and only complained of the psychasthenia which hindered him from working. In spite of the improvement which he had made he seemed to believe that the progress would be slow and that it was in physical measures that he should seek the remedy.

After a personal conversation of an hour, I had no difficulty in showing him the mental nature of his helplessness, of his neurasthenic weakness. I showed him that he lacked moral resources and enthusiasm. He recognized it, and he con-

fessed his moral weaknesses, which had on another occasion brought him to morphinism, of which, however, he had been cured.

We talked together quite pleasantly on hygiene and philosophy, and when I had finished the patient cried: "You have opened new horizons for me! Why has no one told me that before? How is it that I was not able myself to see these truths? Evidently I am in good physical health, and I have no need of material treatment. I must try my moral resources. I believe that now I can return home and take up my practise. Permit me, however, to spend to-morrow in your office; perhaps I may have some suggestions to submit to you or some advice to ask."

He came the next day, and, more convinced than on the evening before, returned home and took up his business. A few weeks later he announced to me that his psychic health grew better day by day. In a single conversation he had grasped the whole truth.

In returning to his gynecological practise he recognized that amenorrhea, dysmenorrhea, and leucorrhea might have a psychic origin; he found out the mental condition of his patients and was able to put these ideas to good use to cure them.

In one of his letters he said to me: "I can not say that I am no longer neurasthenic, but I comfort myself by the fact that everybody around me is also. When I feel my courage ebbing, I read the letters of Seneca to Lucilius!"

Since then I have seen not this patient but this friend several times; he has been able to preserve the moral attitude which he found so quickly.

Young men who are not yet blasé subject themselves very easily to the strengthening influence of encouragement. A law student twenty years of age came to consult me. He had been treated for several years by a number of doctors who pronounced him anemic. At last one physician, with more perspicacity, recognized the neurasthenia, and the patient, subjecting his own case to an intelligent analysis, traced various

stigmata of nervousness in his family. This evidence was scarcely encouraging; it gave rise to new phobias.

A man of very exact habits, he had noted his symptoms: continual fatigue, difficulty in working, failure of memory. He felt pulsations in his head, slept badly, and had little appetite. However, his sleep was a little better since he had taken a vacation. His eyes were often inflamed and he noticed that they were red when he was nervous. He experienced a sensation of heaviness in his legs and had thought that he ought to ride from the railway station to my house. The previous winter he had suffered from digestive troubles which had not yielded to any medication.

His appetite really was fair but he did not dare to satisfy his hunger in the evening for fear of not sleeping well. He had often had from childhood palpitation of the heart and he had himself recognized its emotional origin; for the expectation of the slightest event brought it on. He had practised onanism from fourteen to seventeen years of age, and he was subject to frequent emissions which he struggled against; and, finally, he alternated between constipation and outbreaks of diarrhea, and he was subject to angina.

In spite of these sufficiently marked and rebellious symptoms of neurasthenia, the patient had preserved a young man's mentality; he still saw things in a rosy light. I profited immediately by this mentality, and I did not hesitate to say to him: "But, my friend, there is nothing at all the matter with you. You are a trifle thin because you have not dared to satisfy your hunger, but you have a good constitution and you ought to have the dominating quality of youth—confidence in yourself. Above all, do not become hypochondriacal! Why do not let yourself be disturbed because your heart beats when you know that it is you yourself that brings it on by having emotions for nothing at all? A student should not have the sensitiveness of a young girl. As to your feelings of tire, it seems to me that you submit to them too passively. Shake yourself up. Why, you are young, strong, and healthy! Throw away all these diseases that are of no account into the waste-basket for petty ailments."

The conversation continued in this tone, and, leaving the patient to take up his normal life, I begged him to return in a fortnight. He did not come back, but at the end of a month he wrote to me: "I am getting along very well. Just imagine that when I left your house I took a walk through the town for two hours without any fatigue. I have gone back to my work and my student life, which is at the same time laborious and gay."

Later he announced to me that the improvement continued and that he had just cured a cousin afflicted with a long-standing neurasthenia by repeating my advice to him.

It is not rare to find that patients cured by this psychotherapy are able in turn to influence other subjects, and I know one of my clients, a Jesuit Father, who has already several cures to his account.

The reader might have the impression that the cases which I have just quoted were not serious, that they had to do only with slight neurasthenia. Why, then, were they not cured before? Why did the patients have to go, without success, to several different physicians?

I have seen the same means lead to cure in cases which seemed hopeless, and which, ten years ago, would have seemed to me to require Weir Mitchell's cure in the strictest sense.

A few years ago I received in my office a young man twenty years of age who was a medical student. At the first glance I recognized in him major neurasthenia—fat, pale, and puffy. He came forward in a slow and solemn manner, with that tragic look which melancholiacs often have. He related his symptoms to me as follows: "I have been ill for several years. At first I had a diseased appetite, a veritable craving for food, and I reached the weight of two hundred and ten pounds, with a waist measure of about sixty-two inches. My appetite diminished little by little and gave place to absolute loss of appetite with dyspepsia. I got so that I could no longer stand any food; the slightest meal caused the feeling of a most distressing weight in my stomach which lasted for several hours. I could no longer even take milk. After each

meal I experienced very painful congestions which did not stop for several hours.

"I was always constipated; often four or five days would pass without my being able to go to the toilet. During the summer of 1896 my urine began to be much affected. It was milky and contained an abundance of phosphates. I was greatly inconvenienced by palpitation of the heart, chiefly after my meals. I had intermittences; the heart would stop for the period of one or two pulsations, then it would begin to beat with an accelerated action. In the night this arythmia was accompanied with pain and oppression.

"For a long time I have felt my intellectual strength failing. I have been obliged to diminish my work, and in June I was no longer able to stand the slightest intellectual occupation. I could not fix my attention; a few moments of reading gave me a feeling of congestion; a mist spread before my eyes, the letters danced and I could no longer understand what I was reading. I was obliged to stop all correspondence. I experienced pains in the head, chiefly between the eyes; it seemed to me as tho my head were held in a vise. This cephalalgia was more marked in the morning on awakening than in the evening. It seemed to me that I was in a contiunal dream; I was indifferent to everything and could not get out of my apathetic condition.

"My moral condition was very bad; I was loaded down with a weight of discouragement. Occasionally this psychic depression was interrupted by a few brief moments of excitement, but at the end of a few minutes I fell back into my prostration. I had become iritable, and the privation of a desired object threw me into a fit of rage, which left me exhausted for several hours. My physical strength had diminished; I was afflicted with insomnia and could not go to sleep until toward two or three o'clock in the morning. I was always too warm, so much so that in January I used to stay by the open window without heat in the room. At night my head grew heated on my pillow. In summer my sleep came back but it was troubled by dreams.

"For a long time I have been losing my hair, so much so

that I am at the point of becoming decidedly bald. I was subject to a chronic coryza. The slightest scratch would take some time to heal, and would be apt to suppurate; in fact, my general condition was very bad.

It is useless to say that, either on my own responsibility or the advice of physicians, I have been saturated with antipyrin, bromides, and arsenic. I have taken hydrochloric acid for my digestion and have exhausted the lists of purgatives. My confidence in medicine has been completely shaken."

After having listened to this recital and noticed the profound condition of melancholy, I had at first a very unfavorable impression; but the very fear of failure, and the feeling of pressing danger, gave me back my courage.

Considering his obesity I did not think the treatment in bed should be indicated; I had only to put him upon an extra diet of milk. A treatment in the sanitarium, which is always more or less expensive, seemed to me a pity by reason of the poverty of the young man, who would have had some scruples about burdening his parents with his expenses.

After a few seconds' reflection, I decided upon my course, and I said to the patient: "My friend, you can cure yourself without severe measures; but you must listen closely to me. You are going to go back home to your boarding-house, and you are going to begin an almost normal life again. Eat your three ordinary meals without making any selection of your food; I recommend especially green vegetables. Do not take too much meat, and cut out wine.

"Suppress the constipation by training yourself to go at a regular hour. Go to bed toward ten o'clock and begin the night without any fear of insomnia.

"As to work, do as much as you can, if only for five minutes, and when you have a headache, or that congested feeling, stretch yourself out on a sofa and take up your work again as soon as you can. But, above all, get rid of every fear concerning all these functional troubles. They will disappear if you know how to neglect them. Your trouble is more moral than physical, and little by little you will recover your health and your ability to work. Come back in a fortnight."

The patient came back. He walked with a quicker step, and a smile lit up his face, which was still puffy. "I thought that that would work," said he.

In this second consultation I went over these counsels in detail, laying before my intelligent patient all my views on the influence of the moral over the physical. A fortnight later I saw him again for the third and last time. He had grown thinner, his figure was younger, and he had the elastic step of a young man. "It works!" he cried, gaily. "I can already work several hours a day; I have a normal appetite; I no longer suffer from my stomach; I have regular passages; I sleep, and my headaches are very rare."

A few months later I saw my young man upon a bicycle pedaling with energy. I learned that he was able to take up very serious studies as well as worldly distractions and sports. He passed excellent examinations. In 1897 he stood the military service without difficulty. From that time his health has been perfect.

Here is a patient whom I have seen three times, to whom I have only given counsels of physical and moral hygiene without isolation. His improvement began with the first consultation, and he advanced gradually but so quickly that he had no need to come to me for a fourth consultation. Once started upon the right way he progressed alone toward his cure.

The patient, who summed up his observations in writing, had completely grasped the value of moral treatment. "After that consultation," he wrote, "I felt myself already morally better, and consequently physically also. We had some other similar conversations which had the effect of building up my courage and of giving me back my energy which had left me for a long time. A month later I could take up my studies progressively, working only a little, but enough to chase away the phantom of my ills, which until then had constantly haunted my mind."

Here is a young physician who remained convinced of the influence of the moral over the physical, and who, I hope, will profit by this personal experience to bring many neurasthenics back to a healthy life.

CHAPTER XXXIII

Psychotherapeutic Treatment Without the Intervention of Physical Measures—Case of Neurasthenia of a Melancholic Nature—Cure and Relapses—Case of Disequilibrium—Suppression of all Maniacal Impulsions by a Few Conversations—Incurability of Certain Psychoneuroses—Mental Peculiarities which Make One Foresee Failure—Moral Idiots—Disturbances of Feelings of Affection in the Psychoneuroses

THE same measures may lead to cure (I would not have dared to hope for it in other days) in cases where the trouble is still older. The following case greatly astonished distinguished neurologists and psychologists who had been attending the patient for a number of years.

Mme. W—— is a strong woman thirty-five years of age who, for about sixteen years, suffered from a neurasthenic condition that was melancholic in its nature, to which periodically there were added some hysterical symptoms. No treatment in this long period had been able to bring about a cure; periods of improvement were only slight and transient. Already impressionable and easily tired when a young girl, the patient had suffered from a slight catarrh of the ear. The deafness which resulted from it had rendered social duties arduous to her and had contributed to the encouragement of a melancholy disposition. She had always been somewhat lacking in decision and had a tendency to take things tragically.

Her hereditary antecedents were not unfavorable. Her mother, somewhat nervous, had brought up her child with more love than good sense; she had never fully understood her daughter's need of rest and had often opposed measures which would have been useful. A brother had been neurasthenic but had recovered his psychic equilibrium as a result of making a favorable change in his career. The other mem-

bers of the family seem to have been exempt from nervous defects.

The patient was married at twenty-seven years of age under excellent moral conditions and there was always perfect conjugal harmony in the household. At twenty-eight years she had a rather difficult confinement. After that came increasing fatigue, inability to stand reading or any mental work, and headaches. The neurasthenic casque, the sensation of clutching on the top of the head, and sadness—all these characteristic symptoms of neurasthenia existed alongside of a perfect state of bodily health, a rose-tinted complexion, and a normal state of nutrition. A sojourn in the mountains brought only slight relief.

In the third year of her marriage a second pregnancy took place which had no influence upon the disease. Hydrotherapeutic treatment and massage were tried without the slightest success. A second course of treatment of the same kind undertaken in the following year brought about, on the contrary, marked aggravation, even in the hands of a celebrated doctor in whom, however, the patient did not have any confidence.

The condition grew worse and worse. Physical and intellectual helplessness, sadness, intense precordial anguish, and frequent insomnia marked its progress. They tried to combat the symptoms, which were already melancholic, by rest in bed for several weeks, and bromide of potassium, the use of which was prolonged during six months.

During two years treatment by physical agents was persisted in, and the disease continually grew worse. The precordial anguish became one of the predominant symptoms. The patient became irritable and could not bear the presence of her children. The characteristic symptom of such melancholic conditions, the conviction of incurability, was established. The physician who cared for her during the last two years did not dare to state that it was hysteria, altho the sensation of "clutching on the head" seemed to recall to him the "clou hystérique." He found nothing abnormal in her sexual life, and, inclined to attribute an important rôle to this

etiological fact, he still hesitated in his diagnosis. Having determined a slight uric and oxaluric diathesis, he wondered whether this psychopathic state might not be due to autointoxication. He noted, as aggravating circumstances, the deafness and the buzzing in the ears, which weakened the patient and encouraged her pessimistic disposition.

At the first interview I was struck by the excellent health of the patient, and the more I questioned her the more I saw the predominant disturbance of the mental condition in the hypochondriacal and melancholic sense. It was with fright that she acknowledged her nervous troubles and that she stated her helplessness in every domain. She was of the conviction that she could not be cured and she showed but very slight confidence in my treatment. This confidence diminished still further when I confided to her my intention of making her undergo a purely moral treatment.

In spite of the depressed condition of the patient, her slow step, and the anxious look of her face, I renounced at the start the rest cure in bed. Overfeeding was in no wise indicated, the patient having a tendency to obesity and plethora. I isolated her in a boarding-house in the country, in order to avoid any meddling on the part of her husband in the treatment. I did not then know all the virtues of that excellent man. However, detained by his business, he could not settle himself near his wife.

The entire treatment was unique from the psychotherapic point of view. I allowed the patient to live just as she wanted to. She could get up or stay in bed, she could remain alone in her room or enter into conversation with the other boarders, and follow all the passing impulses of her disposition. Accompanied by a chambermaid, she could take short walks or remain quiet, read or do needlework. I intentionally did not try to inform myself concerning these details which in my opinion were of no importance. She had the same liberty in regard to her food.

In our daily conversations, without letting myself be discouraged by the skepticism of the patient, I insisted that she should treat all her nervous troubles as tho they were trifling

ailments, particularly the bands about the head, the neurasthenic aches, the sensations of heat and cold, insomnia, and anguish. I showed her that these were mere trifling consequences of nervousness, and that, no matter how distressing they might be, they were always without danger. After a few days the patient gave up all complaints on the subject.

The ground was cleared. The most tenacious phobia was that of precordial anguish. This mental trouble disturbed her and made her fear insanity. While always recognizing that the feeling might be most distressing for her, and always sympathizing with her, I kept saying to her that from the medical point of view this trouble was no more disturbing than the others. From day to day I saw the moral ascendency which she exercised over herself continually increasing. Her protestations took the character of specious objections which she would submit to me with a smile, saying: "I quibble over this, but I feel that you are right!"

Little by little, leaving all manifestations of nervousness out of the question, I dared to approach the more general questions of morality and of practical philosophy. I did not hesitate to put my finger on the diseased egoism of her life, in that she was always preoccupied with her own well-being. I changed the basis of her thoughts in the altruistic sense, advising her to think of those who belonged to her, her excellent husband, and her children. She became enthusiastic over these very simple lessons upon the art of living, and drew me out by her questions on subjects which were always more elevated. Sometimes she considered my counsels too theoretical and wanted me to put them more concretely; often, also, as like the majority of neurotics, she seemed to admit that all that I had said might be true for others, but for herself she suffered from weakness of nerves. Nothing is so easy for one who has seized the indications of psychotherapy as to combat these objections by a prudent dialog and by moral influence.

Little by little the inner conversion was complete, and I could advise correspondence with her husband. Two months was enough to bring about the cure, when the patient could

take her place in her household, active, indefatigable, gay, and free from all phobias.

The distinguished physician who had had her under his care saw her several weeks after her return, and wrote to me: "I have seen your patient and I must admit that she is simply 'another person' from the one whom I watched for two years. I do not think that one can attribute such a change to two months' sojourn in the country, and to comparative isolation. It is perfectly evident that the '*causa efficiens*' lies in your moral treatment."

For ten months the cure held good, and I would have believed the patient free from all possibility of relapse, but soon I received alarming letters. The patient was tired, had had too much care, and, at the time when she needed to have all her activity, she hurt the arch of her foot in walking. It was only a little red spot brought on by the pressure of her shoe, but it was the occasion of a relapse, and it is interesting to see by what mechanism this back-sliding was accomplished and how even the physicians contributed to give rise to it. First, without sufficiently insisting upon the slight importance of the lesion, they had the patient have special shoes made to avoid any pressure upon the painful place; then they advised rest on the sofa, and one doctor thought he perceived some traces of phlebitis. Instead of assuring himself of it and of saying nothing about it afterward, he set forth his hypothesis before the patient. Thus our disconsolate patient was again reduced to helplessness at the very time when she had a great task before her.

For several weeks she tormented herself in this wise. She lost sleep over it and her nervousness increased. The idea that possessed her was her increasing incapacity, giving rise within her to the fear that she would not have sufficient strength to take her place as the mother of her family. She heaped herself with reproaches; her preoccupations became distinctly melancholy, and were accompanied by true precordial anguish and insomnia.

The patient came to see me, and from the first interview

she showed the conviction that she was much worse than she was the first time, and that she would never be well again.

In the first conversation, I immediately dissipated all fear on the subject of her foot. After having examined her carefully, I was able to exclude all phlebitis; the whole thing reduced itself to a slight irritation of the skin. I showed her that this trouble was so insignificant she need take no precaution on the subject of her footgear. A smile came to the lips of the patient. I dared adopt a tone of pleasantry, and I told her that I was very glad to take care of her—all except her foot, which she must never mention to me again! She accepted this, put on any shoes whatsoever and never spoke to me afterward about her foot. As in the first treatment we conversed on psychotherapy and moral philosophy, and at the end of six weeks the patient was cured.

She spent thirteen months in a state of perfect comfort. She underwent another pregnancy; she nursed her sick children with devotion in the face of the greatest difficulties. It was not only a question of improvement, it was a complete suppression of all her troubles. She felt herself even better than during the sixteen months previous. But we were not yet at the end of our troubles.

As a result of the transfer of her husband's business, she was obliged to settle in another town, where she found herself confronted by new difficulties following a period of overstrain. She exaggerated them and experienced anew the feeling that she was unequal to her task. Always timorous and undecided, she relapsed into the same neurasthenic and melancholic condition.

This periodicity in her relapses might make one class her in the periodic depression category of Lange. Perhaps some minute inner change of the chemistry of the organism caused the patient's impressionability. At the same time each of her back-slidings had been brought on by real difficulties, capable in themselves of discouraging one, and as she was not sufficiently established in her morale, she did not know how to combat them with genuine optimism.

It was not that she had forgotten my counsels. On the

contrary, she used them and struggled on for several months. Sometimes she got hold of herself, and then she fell back. Good reports alternated with bad in letters and telegrams. I had the feeling that if I had been near her I could have succeeded in upholding her and assuring her of victory.

I tried by letters to give her courage, hoping to be upheld by the family physician, who possessed the patient's confidence. But my confrère did not have faith. He considered the patient's condition too serious and showed from the first the idea that she could not be cured unless she would put herself in my hands. So I found myself obliged to take her for the third time.

Even more than the preceding year she seemed persuaded that she could not be cured. I stated, on the contrary, that the attack would be much shorter and I mitigated still more the conditions of treatment. I placed her in a boarding-house which was a less quiet environment. Her husband stayed with her there for some time. I sanctioned such worldly distractions as concerts and the theater.

Our conversations no longer had nervous diseases as their subject. I neglected them intentionally and the patient seemed to forget them also. At the end of a few days her hopes revived and the patient took delight in conversations which were always more and more elevated. She would set forth certain conceptions of life which she asked me to elucidate. She was a religious soul but not bigoted. She sought help from moral writers, whether they were believers or freethinkers. She knew how to reason without giving up her faith. At the end of a few weeks she was absolutely cured. A year passed in this way. Then, as after the second treatment, she again became pregnant, but she was in no way disturbed in her health by it. Her moral attitude is now much stronger than formerly. Her convictions are firmer and the brave letters which she addresses to me seem to augur well for the future.

Let me cite still one last case, which, altho the cure is not yet complete, shows that in this treatment by psychotherapy persuasive influence is everything.

M. P—— is a young man twenty-five years of age, of

exceptional intelligence and cultivation, who, in the commercial career which he has taken up, has shown remarkable aptitude. Too tall, thin, and pale, he shows some symptoms of physical debility, but from the point of view of intelligence seems particularly well endowed. Toward his nineteenth year, following an attack of diphtheria, he fell into a neurasthenic state. He was sent to college, the name of which he would not tell me—that was one of his phobias—and without stating precisely how, he said he felt unhappy in every respect. For three years this distressing memory remained with him as an obsession, and brought on a continual condition of neurasthenia, which, however, was not as yet severe. In the course of his military service he had a serious attack of pneumonia. His nervous condition grew worse, and the exhaustion, mental depression, and melancholic ideas lasted about two months.

In 1901 he threw himself into commercial affairs. He departed for America, where he remained a year and tired himself greatly. Even while away from his own country, when he thought of the college where he had suffered he experienced a distressing feeling which obliged him to make involuntary movements. On his return to Europe the meeting of old friends rendered the obsession more acute, and, moved by strange associations of ideas, he felt impelled to make a movement and to repeat it as many as thirty times. These obsessions finally began to disturb all the actions of his life. He could neither dress nor undress himself alone on account of the feeling of being obliged to make the same movement over and over. He could not shave himself, and he let his beard grow long. He would keep coins in his hand, not daring to put them into his purse. Without his being able to explain clearly why, everything gave rise to the obsessing idea. He did not dare to touch the handles of doors and he was continually washing his hands.

He had undergone various treatments without success. New tics were constantly occurring. When he was taking a walk he would have to turn around and go back the same way, or he could only go ahead by kicking a pebble before him.

At the time when I saw the patient, in August, 1903, I

did not dare to take him for treatment. I thought that a condition of such nature could only yield after extended treatment, and my sanitarium could not accommodate patients that had to stay for such a long time. I sent him to an excellent confrère who was both a physician and an alienist. He offered him hospitality in his family. The young patient found in these sympathetic surroundings all that he could desire from the moral as well as physical standpoint. He had nothing but praise for the care he received. He grew stronger and could enjoy life in the open air, but his manias and his obsessions persisted, and at the end of four months his uneasy relatives begged me to see the patient again.

He came accompanied by his physician who had grown to be his friend and we had a very long conversation. I besought the patient to give up struggling against each of his obsessions and manias, showing him that he only made them spring up again. "When a brook has burst its dike," I said to him, "you should not try to stop every one of the rivulets that are formed; that would be a waste of time. You must go higher up and repair the dike at the breach. You must have confidence in yourself; you are intelligent and well educated, and you have a critical spirit. Look on and smile at these strange mental impulsions but do not try to suppress them by an act of will. Are you not a little superstitions?"

"I really think that he is," responded his physician. "Just imagine, he would not have been willing to mount my horse if I had bought him on a Tuesday!"

"There you are, my dear sir," said I, "there is only a step between superstition and obsessions. In the two cases the association of ideas is false, and, in spite of your high intelligence, you have at bottom a certain lack of logic. Think a little more justly on these subjects. That will be the best way of fighting your manias."

This conversation of about an hour and a half comforted the patient; he seemed intensely interested and was struck by the logic of my deductions, but no change took place in him.

Eight days afterward we had another psychotherapic séance. The conversation became more intimate and more

friendly. We came back to these points that were already touched upon, putting the principal ideas more sharply. We scarcely spoke of manias and obsessions. At the third interview, eight days later, the conversation was upon a still higher plane; we talked philosophy and morality. A third person would scarcely have suspected that it was a medical consultation. We continued the conversation into the street. I showed the patient that it was not necessary to drag the cannon-ball of memory after him all his life.

He thanked me heartily for this advice, as if it were a great moral discovery for him. I found later that he was suffering from obsessions of remorse, concerning some comparatively insignificant events of his past life; that is why this idea of forgetting the past had struck him particularly.

This third conversation completed the work of the two others and the patient from that day on lost all his manias. He could, thereafter, dress himself alone, shave himself, and suppress his impulsive movements.

He is not yet cured; he still has a feeling of unnecessary remorse, and is still hampered by secret inhibitions, and his association of ideas is not always correct. But, on the other hand, it is a fact that these three conversations have made the majority of his symptoms disappear, after a sojourn of four months in the home of a physician who was among the best qualified to care for such diseases had not produced the slightest definite result.

Nevertheless, during his stay there, the physician had noticed the favorable influence of a change of mental condition as shown in the patient's confidence in himself. If he were called upon to take some slight responsibility, such as to take the doctor's children skating, or to serve as a guide to some one along the mountain road, this would be enough to dissipate the inhibitions which in other circumstances had hindered him. This was because at such times something was depending on him. In giving him responsibility, trust had been shown in him, and he felt obliged to justify it. The mere fact of his having sufficient confidence in himself to accept the responsibility was enough to make him forget his phobias.

But this effect was only temporary and in the main his condition remained stationary.

How can one account for such comparative lack of success attending a comparatively long treatment of five months, made by a conscientious alienist? Why such magic results after three psychotherapic conversations? Well, as I have said, it is because we have not sufficiently seen what can be done through the treatment of the mind by means of conversational methods. We count too much on rest, good nourishment, and the open air, and we do not depend enough on psychotherapy. We forget Pinel's counsel to try to awaken logical reflection in the patient even when he is insane. In order to succeed in these cases, the physician must have an imperturbable confidence in the powers of logic; he must know how to vary his arguments, to reply, point by point, to every objection; he must know how to bring his patient to the point of capitulation and to pursue him to his furthest entrenchments.

Can one say that one will always succeed, that all these nervous patients will be cured? Alas! no. There are many unbalanced individuals who have no logic in their heads. In a sensible conversation, whose end has been to encourage them, they only notice a few catch phrases, which they interpret pessimistically. They are only looking for fresh reasons to discourage themselves. There are some whose capital of energy is absolutely insufficient and who remain the subject of their caprices, even tho they have understood and they have no objections to offer.

I have seen those whose pessisism is such that it persists for years, altho they live in conditions in which they ought to be happy. A lady who recognized the fact that she had been unhappy for twenty-five years solely on account of her state of mind, said to me: "What can you expect? I am badly built morally!"—which was true. There was a native mental deformity in her case. But the mere recognition of her faults was equivalent to an appreciation of the necessity of correcting them, and this patient made good progress.

Such a return to optimism is difficult among patients whose life is really troubled—in young girls who have had to give up

marriage and who have not known how to take up any especial interest in life; in married people who are uncongenial and who are obliged to endure one another as long as they live; in men who through their own fault or that of others have not succeeded in their career.

I have been often tempted to throw the handle after the hatchet on recognizing these unfavorable situations. It seemed cruel to demand that such afflicted persons should adopt a stoic attitude in the presence of sufferings before which I would have myself recoiled. But these are the very patients who have brought me the most courage and perseverance. They have very quickly been able to grasp the teachings of rational morality and to adapt themselves to life as they found it. Many learn to make themselves content by this rationalism and gain remarkable courage; others mingle this philosophy with the religion which has been taught them. I have not noticed that these latter have succeeded any better than the others.

Such intellectual intercourse with these patients has given me a much higher idea of human mentality. I have found, even in those who were mentally weak, an unexpected strength of resistance. As long as one finds a certain logic and moral aspirations, with a tendency to perfect the moral ego, one need not despair of such patients.

Unfortunately there are a great many unbalanced people in whom the defects are chiefly moral, the moral sense being absolutely lacking in them. One sees young men, intelligent for the most part, incapable of carrying on their studies well, or even interesting themselves in discussions of philosophical problems, in whom, moreover, one finds a total absence of altruistic feelings. They have the same nature as that of criminals. They are as incurable as those in whom a lack of morality is accompanied by intellectual weakness and who present stigmata of degeneration.

The physician can not do anything for these moral fools whose conduct creates the most tragic situations. Unfortunately the integrity of intellectual faculties hinders the public from recognizing their madness. These patients are quite

able to defend themselves, and to explain their aversion to their neighbors in a plausible fashion. It is often impossible to confine them in an asylum, and when one succeeds they soon come out, more ill-natured than ever, and resume their struggle with their family with the same cruel coldness.

This pathological lack of morality is generally easily recognizable, but in the presence of such a serious disease one should beware of hasty judgment. In a personal conversation one can sometimes touch a sensitive chord, a sentiment of honor, an altruistic idea, and moral orthopedia is then possible.

The prognosis immediately becomes more favorable when the examination of the past shows that the disturbance of the feelings is acquired, that it is only the symptom of a transient condition of depression.

There are some forms of neurasthenia, or, if you will, of lack of balance, which destroy in patients the affections which they had for their own people, changing them into aversion, without their being able to describe the motives which have led to this mental state. This symptom disappears with the other manifestation of the psychopathic condition.

A young man twenty-seven years of age, who seemed well gifted physically, intellectually, and morally, overworked himself slightly at the Lyceum. He was taken with headaches and insomnia; the slightest work brought confusion of ideas and his studies had to be interrupted.

I put the young patient upon Weir Mitchell's treatment. His condition seemed to me from the first very discouraging, for the patient seemed to have a mentality that was slightly puerile and fatuous beyond all limits. He wrote out his thoughts upon life and love in a rhapsodical style. These extravaganzas made me fear the development of dementia præcox.

From the start the patient declared to me that he had experienced a profound aversion to his mother and sister, and when I asked him what he had against them, he replied calmly to me: "Nothing; my mother and my sister have

always been delightful to me. But what difference does that make? I hate them!"

His sleep gradually became better, his headaches disappeared, his thought became more sound, and soon my patient was able to say to me: "Now I no longer feel an aversion to my people. I only feel indifferent." At the end of two months the young man had recovered his moral sentiments along with his intellectual faculties, and did not cease to show his family the most delicate attention.

Another one of my patients who was engaged to be married assured me he had no reason to recall the decision which he had made, that nothing had happened to cause a change in his feelings. Nevertheless, by some change which had taken place in him his love had almost changed to hate. The touch of his fiancée's hand stirred up a feeling of repulsion as if he had touched a serpent! The patient was cured in two months' time and married his fiancée. They are happy and have had many children.

Alienists recognize clearly this profound change of sentiment which often results in crime. But they are not so familiar with the fact that one may observe this pathological mentality in conditions that are less serious, as in the psychoneuroses. When one treats such psychopaths one must not be pessimistic and discourage them. One must desire them to be cured, and then one will come to believe in the possibility of cure, since a man believes so easily that which he desires to believe. Faith in the result is often enough to produce it.

CHAPTER XXXIV

Etiology of the Psychoneuroses — The Causes the Same as those of Insanity — Definition of Nervousness — Predisposition, Heredity, and Natural Disposition — Relation of Nervousness to Physical Debility —Anemia, Arthritism or Herpetism, and Cholemia—Purely Somatic Origin of Certain Psychoneuroses — Advantages of a Persevering Psychotherapy — Necessity of Making it Rational

Various treatises on pathology devote their introductory chapters to questions of etiology. An enumeration of causes follows close upon the summary definition of the morbid entity that is studied. This plan of exposition is rational when it concerns well-defined diseases, the causes of which are known. In general such chapters on etiology are not remarkable for their clearness even in relation to the commonest diseases; on reading them we are chiefly impressed with our ignorance.

As for the complex pathological conditions, such as the psychoneuroses which we have just studied, it would be foolish to start with the definition and enumeration of causes. Before summing up the etiology, one must have detected the varied pathogeny of the troubles observed, the progress of the disease, and the variations which it presents in its course, which is often lengthy.

The fact of obtaining the same result from various physical and psychical treatments throws a new light on the nature of the disease and on the causes which have given birth to it. Thus the sudden disappearance of a pathological condition under some suggestion argues in favor of the psychic origin of the disease. The experiences of the school of Nancy have thrown most light upon the pathogeny of the psychoneuroses. It is a pity that they have not known how to use these definite ideas to better advantage, and that they continue to extol electricity in the treatment of a psychosis that is as pronounced as

hysteria. They are still on the lookout for new physical measures; they have used the Roentgen rays, and now the wonderful discovery of M. and Mme. Curie has been vulgarized in the worst sense of the word by the therapeutic use of radium! Incredible, but true!

It is, therefore, at the end of these lectures, after having described the disease, and after having already expressed a great many etiological views, and having based my work on the results obtained by psychotherapy, that I wish to try to sum up the etiology.

I do not hesitate to say that the causes of the psychoneuroses and of nervousness are the same as those of insanity. To get a complete list of these causes we need only turn to the table of contents of the work of Toulouse,[1] which reads as follows:

- **Native predisposition (or acquired)?**
  - Heredity { like. / unlike.
  - Congenital factors.
- **Direct causes or provocative agents.**
  - Social: environment.
  - Biological: age, sex.
  - Physiological: menstruation, puerperium.
  - Moral: emotions.
  - Physical: meteorological influences, traumatism.
  - Pathological { Intoxications. / Infections. / Constitutional diseases. / Visceral diseases. / Nervous diseases.

I put an interrogation point after "Acquired predisposition," to which Toulouse devotes a few indefinite lines. It is impossible for me to associate these two words, "predisposition" and "acquired." That which is acquired after birth is a pathological condition which can in its turn play the rôle of provocative agent.

Charcot has already summed up the whole question in his clean-cut style by saying: "The neuroses—he had hysteria in mind—arise from two factors; the one, essential and invariable: neuropathic heredity; the other, contingent and polymorphic: the provoking agent.

---

[1] *Les causes de la folie, prophylaxie et assistance.* Edouard Toulouse. Paris, 1896.

It is true that this formula is as comprehensive as it is concise; it could be applied to all diseases, for pathogenic agents act differently according to the predisposition of the subject. It applies particularly to the group of affections which we have been studying, but the formula must be modified. The term "psychopathic" ought to replace that of "neuropathic." In short, as the predisposition is not always hereditary, it may sometimes be created by factors which have acted on the child during its fetal life. I would say:

Nervousness arises from two factors: the one, essential and variable—viz., natural psychopathic tendencies (hereditary or acquired in fetal life); the other, contingent and polymorphic—viz., provocative agents.

The word "innate" is employed here in another sense from that which is given to it by Lucas.[1] This author opposes *natural tendencies* to heredity. The latter would mean for us a tendency to imitation, to the reproduction of a previous type, while natural tendencies would constitute what was new in us, something spontaneous which had escaped the law of heredity.

For myself, however, in speaking of natural tendencies, I simply wish to establish the fact that we are born endowed with certain physical, intellectual, and moral qualities. They are transmitted to us almost in their entirety, and more often the term heredity could be substituted for that of natural tendencies. I prefer the second because it leaves a place for the biological changes which may take place before birth, outside of the pale of heredity, by traumatisms, or by intoxications acting on the fetus. We can prove this natural predisposition in certain cases, and we foresee it in others. In short, we admit it theoretically and presuppose its existence.

We sometimes detect in a person who believes himself to be in good health certain mental defects which make us fear the development of psychopathic conditions in the future. When this psychic crisis appears it does not astonish us, and the public themselves often say afterward concerning such patients: "Oh, he has always been queer and original;" or,

[1] *Traité philosophique et physiologique de l'hérédité naturelle.* Dr. Prosper Lucas. Paris, 1847.

"He has always had a weak will and a tendency to depression." It was a pathological condition rather than a predisposition that they recognized in the subject, and it had merely been aggravated under the influence of provocative agents. We foresee the predisposition even tho all actual symptoms may be absent. In subjects whose heredity is to be suspected, they run a greater chance of succumbing under pathological influences, and even tho an accident occurs, heredity would seem to be a sufficient cause. We suppose—in fact, we theoretically admit—such predisposition when we see a patient unexpectedly overcome by a succession of events which would not have produced the same reaction in other individuals. We infer by induction that this latent predisposition was there.

This predisposition is innate, which fact it is wise to bear in mind, for we ought to practise orthopedia from the cradle. The task is difficult, for we are not content with transmitting our defects to our children, we give them the contagious example of our faults. Such natural mental tendencies must be physical, or, rather, psychophysical in their essence. Our parents do not bequeath ready-made qualities to us, such as virtues or vices; they only give us a more or less well-constructed brain, capable of reacting promptly and accurately to the various stimuli which cause its activity.

It is chiefly to heredity that we owe our figure, our bony structure, our muscles, and our entire nervous system. We find in our children, often from their very birth, our traits, the expression of our faces, our gestures, our light or elastic step or our heavy, awkward gait. We all have our family and racial characteristics, and this heredity includes our moral as well as our intellectual qualities and our characters as well as our minds.

Under the sway of spiritualistic conceptions we have refused for a long time to accept this statement. We are obliged to accept our physical and intellectual limitations, but we like to put our moral qualities in a separate class. We want to feel that they are ruled by a free power, and we conclude that, altho everybody can not be well made from a bodily point of view, and strong and supple, and tho we can not all have the

highest minds and intelligence, we can all of us be good and adapt our life to the laws of morality.

Nothing is more false. Without doubt one may be poorly endowed physically and intellectually, and yet have all the qualities of a good heart. There are weak-minded persons for whom we feel a strong sympathy because they are loving and good. They redeem their intellectual weakness by their moral superiority. On the other hand, the world is full of people who seem to be favored by nature, who are even brilliant in their intelligence, but who are destitute of moral sense. Even in the cradle one can detect a child's natural defects. One child is selfish and violent, while another is gentle and amiable. From the earliest years we notice irritability, susceptibility, and a tendency to rebellion. Our ancestors bequeath to us a *certain capital of qualities and characteristics,* and on that we must live and make it productive by wise administration.

The psychoneuroses thus have a physical substratum, and it is only natural that they should have been attributed to somatic causes. The same question is put concerning the insanities, of which many are caused by cerebral affections as well as moral diseases. Heinroth, in Germany (1773-1843), admitted that madness had its origin in the absence of morality, and that its essential character was the loss of liberty. He considered the best preservative against it to be a firm hold on the truths of the Christian religion.[1]

I have gone over these questions in speaking of psychophysical parallelism and of monism. Throughout this entire work I have tried to show how little account I take of all the theories which try to locate the cause of nervousness in alterations of the splanchnic organs. I will not discuss them again, but I will still look into a few less startling hypotheses which I have seen defended by distinguished physicians.

First of all they consider bodily weakness, or exhaustion and fatigue to be the cause. I am opposed to this view. Physical weakness does not imply psychasthenia. One may be puny,

---

[1] Dallemagne, loc. cit.

anemic, or phthisical, and yet have a brave spirit; and men who enjoy perfect bodily health may be as impressionable as ladies of leisure. It is true, however, that any one who has a psychopathic predisposition, or has already shown some symptoms of psychoneurosis, is apt to find his condition aggravated under the influence of fatigue and weakness. That is why it is reasonable to combine with psychotherapeutic treatment certain physical measures intended to strengthen the body, such as rest and good food.

Nervousness has also been attributed to anemia, and every day I meet ladies who tell me, on the word of their physicians: "Doctor, I am anemic, but I can not take iron!" Here I protest even more energetically than I do against fatigue. Anemia does not even deserve a place among the provoking agents of nervousness. For many years I have examined the blood of all my patients by the aid of the hemoglobinometer of Professor Sahli, and I have found that in the immense majority of cases patients afflicted with psychoneurosis were not at all anemic. On the other hand, the true anemics—as, for instance, the chlorotics—in whom the percentage of hemoglobin may fall as low as thirty and twenty-five, did not have at all the same symptoms. Their feelings of weakness, anorexia, dyspepsia, their cephalalgias, and their respiratory and cardiac troubles had only a distant relation to the functional disorder —nervousness. We do not find in these patients any preponderating influence of mental representations; they do not have the characteristic stigmata.

In short, in the rare cases where anemia is a complication of nervousness, the independence of the two conditions is manifested by the fact that the cure of the anemia (by iron or arsenic) does not in any wise lead to the cure of the nervous symptoms. I have even seen a hysteroneurasthenic patient forget her nerves in the course of an anemia following uterine hemorrhages (50 per cent. hemoglobin), and remember them on the very day when the blood had regained its normal qualities. These facts are so unquestionable to me that I do not hesitate to say to such patients: "You are anemic and nervous. I will try to cure your anemia; but do not labor

under any delusion: this physical improvement will not be enough to cure you of nervousness. You will feel better, and this better state of health will make the task easier; but you can only get rid of your trouble by educating yourself!"

The question of the etiology of the psychoneuroses becomes more difficult when one looks at the relation of nervousness to arthritism and herpetism.

Certain distinguished clinicians and practitioners who have been able to follow the diathetic influences in some families hold that there is a relation between nervousness and arthritism. I do not deny the exactness of these statistical statements, altho the information on which they are based often seems to me very superficial. But I would remark, first of all, that, when two pathological conditions are so frequent that few people escape them, it is easy to find them coexisting in the same individual or in his ancestors or his descendants. This in no wise authorizes us to establish a relation of cause and effect between the two.

When they place in the same class with herpetism[1] not only cutaneous lesions, exanthematous herpetides, and the arthritides, but also lesions of the hair and of the nails, catarrhs of the mucous membrane resembling exanthematous herpetides, osteitides, muscular affections, cramps, lesions of the veins and arteries, varices, hemmorrhoids and arteriosclerosis, they have enumerated nearly all the constitutional affections. I do not know any person in whom one could prove at a certain age the absence of all lesions of this nature; one would find them in any case in some person of the family. On the other hand, it is difficult to find a man free from all symptoms of nervousness. The coincidence of these two conditions is, therefore, not astonishing. Does that mean that there is no truth in these etiological views expressed by these dogmas of French medicine? No.

There are diatheses and characteristic human types, altho it is difficult to portray their clinical picture. There is, in particular, an arthritic type. They are, in general, people of rather strong, even vigorous, constitutions who at first sight have the

[1] *Traité de l'herpétisme.* Dr. Lancereaux, 1883.

appearance of good health, but they are subject to a whole series of physical troubles. They have a tendency to eczema, to catarrhs of the mucous membranes, they are subject to muscular rheumatism, varices, and hemorrhoids; they may, when the diathesis is more manifest, present some articular or para-articular lesion. And, lastly, they have a tendency to become stout; often they have alimentary glycosuria, and become arteriosclerotic as they grow old.

Tormented by these troubles, which are not very serious, such persons are inclined to a certain degree of pessimism. They become bad tempered, irritable, and peevish; their philosophy is exhausted under the influence of continual discomfort, and they tend to become hypochondriacal.

I would go still further and say that such nervousness is not only secondary, and appears later as a result of continued suffering; but I would even admit that the diathetic state might act directly on the brain as it has acted on the skin, the mucous membrane, and the joints, and that it might thus create a psychasthenic condition. But we have no decisive proof, and we are reduced to conjectures and impressions which we too often transform into aphorisms which are destined to a precarious life.

I will confess, purely from the point of view of the practitioner, that the subject does not interest me very much. The clinical ideas are too uncertain to permit any conclusions. Moreover, there is a very practical reason which makes me neglect this problem—viz., if one were to make nervousness depend upon a general diathetic condition, I should be discouraged at the start. We all know how difficult it is to correct these constitutional tendencies and to combat a diathesis, and if I had considered the psychoneuroses to be so rebellious I would have thrown up the whole business long ago. My patients would not have waited for a sign of discouragement from me. They would no longer have come to me.

In speaking of the prophylaxis of herpetism, Lancereaux writes: "Unfortunately, our ignorance of etiological conditions other than heredity places us in the position of not being

able to say exactly what we ought to do in such cases. I believe, nevertheless, that it is well to submit children, from their earliest age, to a severe routine of hygiene, to try to moderate their nervous system by making them take baths and gymnastic exercises and hydrotherapeutic treatment, and sometimes even putting them on a bromide treatment."

One must admit that this is not very encouraging. When the prophylaxis is so poor, what can one say of the therapeutic measures which have to do with old lesions due to heredity, and aggravated by thirty or forty years' lack of hygiene, or else which have persisted in spite of good hygiene? Let us admit that in man the struggle against diatheses is arduous. Even in the animal it is difficult, altho we have the resources of selection and of crossing.

The stigmata of the psychoneuroses are too psychic, the functional troubles are too dependent upon mental representations, to be attributed merely to a flaw in the constitution of the tissues or to the condition of humors. A man is not neurasthenic and hypochondriac because he is cachochymic. He is neurasthenic on account of what he owes to heredity, to atavism, to education, and to his *ego*.

I have shown in a little leaflet [1] the evident influence that the body exercises on the mind, but I have pointed out that the inverse influence is still more powerful. Experience has proved to me that, by acting on the mind, one can improve and cure the psychoneuroses, even when it is impossible to modify the diathetic conditions which accompany them. It is this encouraging idea that has urged me along the path of rational psychotherapy, and I shall persist in it, even if new researches should succeed in showing a certain bond between the mental conditions and organic chemistry. That would in no wise hinder me from using moral suasion; for it leads too directly to success for me to abandon it. By no means would a new theory of cholemia [2] stop me.

---

[1] *De l'influence de l'esprit sur le corps.* 4e édition. Berne, 1904.

[2] *Note sur la psychologie des cholémiques. La neurasthénie biliare.* Par. MM. A. Gilbert et P. Lereboullet (Bulletin et mémoires de la Société médicale des hôpitaux de Paris, 6 août, 1903).

First of all, I am not persuaded that it would be so easy to reveal the presence of small quantities of bile in the blood serum. The yellow coloration would seem to be difficult to establish in a liquid which already contains yellow coloring material. The reaction of Gmelin would be a better test if it were truly characteristic. But tho I possessed every demonstration of the cholemic condition of the blood, it would prove to me only one thing—that is, that neurasthenia, like melancholia, may disturb the hepatic functions. It would not be difficult for me to admit this after having proved for several years that all the organic functions feel the reaction of our emotions. But it still seems like putting the cart before the horse.

Does this mean that all nervous conditions are only brought about by psychic means, and that all may be cured by the treatment of psychotherapy? Alas, no! There are many nervous patients who submit so easily to the influence of advice that one would say that they are only afflicted by a disease of the mind. There are others in whom one recognizes somatic and psychical influences; and, lastly, there are psychoneurotics who have in the very organization of their brain certain diseased conditions which render the patient absolutely refractory to all psychotherapeutic action. There are neurasthenic and hysterical patients who remain incurable, in spite of every effort which they try to make to modify their mental state. Melancholia and hypochondria often occur without any perceptible moral cause under the sole influence of troubles whose nature is unknown.

The periodic depression of Lange may establish itself under the influence of the seasons, and present a periodicity which is so regular that it reminds one of epilepsy. I have described[1] two cases of periodic depression, in which attacks of a neurasthenic and melancholic nature appeared with the regularity of a tertian intermittent fever. One of these patients, a nun, had had for twenty-two years alternating good and bad days.

---

[1] "Ueber intermittirende psychopathische Zustände." *Correspondzblatt für Schweizer Aerzte*, No. 9, 1901.

The other, a man of good constitution, fifty-eight years of age, had been attacked three years previously, and the bad days had succeeded the good ones with perfect regularity. After having passed a normal day in a state of perfect health, without any agitation, our patient would go to bed at ten o'clock. He would sleep quietly, and awaken toward five o'clock in the morning disturbed by a slight dyspnea. His pulse would be accelerated by several beats; his skin would become moist; he had polyuria and pollakiuria; the second day would pass in a state of complete aboulia (lack of will-power), the patient would be bad tempered and would only talk of his death. He would not be able to read a paper nor give an order. He would suffer martyrdom. A slight improvement would follow his midday meal. In the evening, toward five o'clock, he would be able to smoke a cigar and glance at the paper. He would go to bed again, pass a normal night, and would wake up in the morning a new man. This intermittent psychosis had yielded neither to the rest cure, with overfeeding and massage, nor to psychotherapy. Opium alone could act as a palliative, not by changing the periodicity, but by relieving his misery.

It is evident that in cases of this kind the mental condition is complicated by somatic causes absolutely independent of the will of the patient. It is the same way in the majority of cases of true involution melancholia, and then one must depend upon the excellent effect of opium when the most beneficent psychotherapy can not succeed in arousing the patients from their sadness. I have shown, on the other hand, that there are cases of mild hypochondriasis and hypomelancholia in which a little good advice is of more use than narcotics. Here we stand at this ill-defined boundary line which separates the insanities from the psychoneuroses. When the trouble is of somatic origin, I must say that it is greatly to be regretted, because we know so little about the minute internal causes which disturb the cerebral functions, and we are wholly disarmed in the presence of such constitutional psychoses.

I ought to add, however, that these cases are rare in the clientèle of the neurologists. Even when we are obliged to

recognize the corporal causes of the trouble we can still act on the mind, and in this way stimulate the cerebral functions. As I have said, ideas work as an antidote. But one must know how to be patient, and at the same time firm and gentle, with these patients. One never errs by too great perseverence. One should never give up and admit the material nature of the trouble which darkens the prognosis until one is pushed to the last extremity.

In short, the question of knowing whether the psychoneuroses and the psychoses have a somatic origin, or whether they depend upon the mental life, has not much practical importance. It would have an enormous value the moment one discovered a toxin which could produce these states and which could be neutralized. We are very far from such a discovery, and these are only the lucubrations of our chemistry which we approach.

For my part, I have the opportunity daily to prove the inefficacy of physical treatments and the dangers to which they subject the patient. Even in the cases where they act favorably, it is easy to recognize the influence of suggestion. And, lastly, in the very cases which have resisted all treatment, and which have even been aggravated by it, I have been able to prove the power of psychotherapy.

I have shown that it acts in various ways; faith in the cure may become established under the influences of any suggestions whatsoever. I hold that the earnest physician ought to endeavor to purify this psychotherapy, and make it more rational and more moral in its nature.

CHAPTER XXXV

Conclusions—Views on Medicine in the Twentieth Century—Surgery—Internal Medicine—Medicative Therapeutics, Physiotherapy—Constant Intervention of Psychotherapy: Its Necessity in the Struggle Against the Psychoneuroses—The Precepts of Physical, Intellectual, and Moral Hygiene

I WONDER whether I have succeeded in this book, which has perhaps been too long for the pleasure of my readers, not in convincing (that would be too great an ambition), but in clearly setting forth my thought. It is not for me to say, but I hope I have done so. If I have sometimes thrown a little too much animation into the expression of my opinions, I hope readers will pardon me in remembering that I am upholding a cause to which I have devoted my whole activities for a quarter of a century.

I have by no means enumerated all the functional troubles of nervousness, and, far from being able to indicate the course to follow in each one of them, I have been limited in my illustrations to a few typical observations. I believe, however, that this treatise contains a fair, generalized view of the value of psychotherapeutic methods. I should like to see my confrères enter the same line of work, and analyze such psychopathic conditions with more patience and detail than I have been able to do, thereby rendering such moral treatment still more exact and efficacious.

I should like briefly to sum up my ideas, and at the same time express some of my views on the medicine of the twentieth century. This will be a sort of medical profession of faith, but it may not be necessary to say that I shall hardly be found in the orthodox camp.

There are, and there always will be, diseases characterized by pronounced changes of tissues or organs, treatment of which

demands the exact, prompt, and efficacious intervention of the surgeon. The *tuto, cito,* and *jucunde* of our confrères of the bistoury is perhaps slightly exaggerated, but it is none the less true that, in the domain of therapeutics, it is surgery that keeps us back. I am not one of those jealous physicians who seem to have no other object than to belittle the merit of operators, and to snatch away their clients. I feel, on the contrary, that the surgeon does not go far enough, and that he often ought to put what we euphoniously call armed expectancy in place of his active intervention.

Whenever there is pus to get rid of, or mechanical obstacles to overcome, the indications are explicit, and the surgeon ought more frequently to attack these affections of the splanchnic organs that are so often mortal, such as appendicitis, the various kinds of peritonitis, stony concretions of the liver, kidneys, and intestines, gastric and intestinal ulcers, intestinal obstructions, volvulus, scars, and tumors.

I believe, however, that there is no need for me to stimulate the ardor of surgeons. They will go ahead alone. But since I have spoken of them, I should like to recommend to them a few reflections on the use that might be made of a modest psychotherapy, even in the domain of manual therapeutics. The greatest of all suffering is moral suffering, and the surgeon can do a great deal of good by encouragement and kindly words. He sometimes forgets this in the enthusiasm which the feeling of his manual dexterity and his imperturbable coolness gives him.

In the field of internal medicine we have to combat general or local diseases—the former being constitutional, hereditary, or acquired, and the latter due to the influence of various causes. Prophylaxis should play the first rôle in this struggle against disease. Unfortunately, we know too little about etiology, and we can only have recourse to public and private hygiene, which require a long time to take effect, and are desperately slow in results. We are, therefore, forced to fall back upon medicines, and rely upon physiotherapy which utilizes all natural agents as therapeutic measures.

Drug therapy has kept up its prestige in the eyes of prac-

titioners and the public for a long time. Nevertheless, since the days of antiquity it has been intimated that we are like the augurs who could not think of themselves without laughing; we are sometimes accused of lying like tooth-pullers. We hear old, experienced practitioners say to their younger brothers: "Hurry up and use this medicine while it is still efficacious." One of them, and one of the most distinguished, too, said: "We never take medicine ourselves; we sometimes give it to our friends, and always to our patients."

Are not these mere sallies of wit? Let us beware; when we begin to make fun of dogmas, it means that faith is wavering, and it must be acknowledged that we have helped to create the situation. Pharmacy somewhat resembles those arsenal museums where the catapult elbows the modern cannon, and it is like going there to choose our weapons. We are not very critical in our choice, but it does not seem to matter much, for we have fostered genuine medical superstition in our public.

We possess a few rare specifics which cure, and numerous palliatives, but this useful pharmacy is very small. These will be found in the medicine-case of the practising physician in the form of a few compressed tablets or alkaloids. The most celebrated physicians have recognized the inadequacy of our medical materials, of which we may well say: "There are many, but not of much use" (*Multa non multum*). A great French clinician has summed up this thought in the words: "Medicine sometimes cures, it often relieves, it always consoles!"

I have heard some of the men who stand highest in the medical profession admit that pharmaco-therapeutics is day by day losing its importance. They expect very little in that direction, but hope for everything from the use of natural forces, such as mechanotherapy, scientifically studied hydrotherapy, phototherapy, electricity, and radio-therapy by those mysterious rays which they are discovering in such numbers that soon there will not be enough letters in the alphabet to name them all.

In my eyes this new error is as fatal as the first: it is only replacing one superstition by another. Physical agents, such

as temperature, light, air, and the various radiations, c act favorably on the health in natural conditions. When order to use them in behalf of patients, we concentrate th action, we can derive some profit from them by employing them as palliatives, but the more we concentrate them and the more we localize this action the more desructive they become. The normal and pathological tissues can be destroyed by heat and cold, the solar rays or the rays of electrical light, also by obscure radiations as well as by chemical caustics, hot irons or the bistoury. Thus the most encouraging results have been obtained in the superficial affections, such as lupus and cutaneous cancers.

One must keep on investigating and searching after truth, always maintaining a scientific skepticism and a philosophic doubt.

By proceeding thus we could create a little arsenal both of new weapons and of old weapons that have remained useful. But in spite of that we shall remain defenseless in the presence of all those diseases which are caused by heredity, bad hygienic conditions, poverty, immorality, and the microbes which multiply in the air. Thus in spite of the colossal effort of workers in medicine, the morbidity and mortality have scarcely diminished. This is a pity, but it would be silly to try to delude ourselves. Humanity progresses very slowly.

I have shown how useful in this domain of internal medicine and bodily sickness one might find a psychotherapy that was governed by tact and kindness. Doubtless it is still nothing more than a palliative, like many medicines; but it can be applied to that element of suffering which constitutes the whole of the disease as far as the patient is concerned. That is why—altho, as a matter of fact, the prognosis depends upon the lesion, and altho moral influence does not cure—it is in such psychic therapeutics that the physician finds the most powerful means to relieve and console and to hasten cure.

Along with those somatic affections which constitute the domain of internal medicine there is a group of diseases which have been called psychoneuroses, and which I have had chiefly in mind in this work. These psychoneuroses are psychopathies.

ıey are bounded on the one side by the insanities, on the other by what we call the normal condition. There is scarcely any more danger of these patients degenerating into insanity than there is for healthy men developing neurasthenia. Placed at the middle of the ladder, or still lower yet, the nervous patients have more chance of returning to the normal state than of progressing toward insanity.

These psychopathic conditions are legion. They may occur singly, forming an imitation of morbid entities, such as neurasthenia, hysteria, hystero-neurasthenia, hypochondria, and melancholia, and conditions of disequilibrium and degeneracy; they are continually mingling themselves in the symptomatology of all surgical and medical diseases, and in human suffering under all its forms and in all its degrees.

Properly speaking, there is no physical suffering; it is always psychic, even when it results from a traumatism or an anatomical lesion. We suffer in our sentient ego; there are the facts of consciousness interpolated everywhere, and that is why the rôle of psychotherapy, properly understood, is so large.

While medications may undergo continual modifications, and skeptical raillery may give way in a few months to superstitious faith; while we witness the sorry spectacle of our continual new remedies, psychotherapy, which has always existed, and which has always been practised, continues its march without wavering. It varies its methods in a thousand ways according to the psychological moment, but it always remains the same in its tendency. It is like love, which nothing can rebuff.

In neurasthenia we find general debility; sometimes it is physical, sometimes intellectual, but, above all, it is moral. Our endeavor is to raise up these patients, to give them confidence in themselves, and to dissipate their fears and their autosuggestions.

In the great majority of these cases we can reach this end by moral influence. If we find, along with mental stigmata, certain somatic complications, we ought to combat them by hygiene and physical measures and medicines. But we must

be careful to tell the patient that these physical therapeutic measures have no direct action on the moral trouble. Much more frequently it is only a question of functional troubles following the fashion of the psychic barometer, take care to treat these symptoms by the most efficacious means. The neurasthenic ought to know clearly and distinctly that he is psychopathic, and not sick in his body. One can tell him this without hurting his feelings and without upsetting him. I have said that this psychotherapy pure and simple is facilitated by favorable conditions, such as isolation, rest, and overfeeding. But one ought not, as is often the case, to confound the curative agent with the auxiliaries which favor its action.

Isolation may be valuable and necessary, but it works no cure in itself; rest may of itself dispel the symptoms of the actual condition, and lead to temporary cure; but it is never definitely efficacious, for it does not free the patient from his impressionability, his mental instability, or his lack of logic. More or less crude suggestion may succeed, but it is insufficient if one takes the future of the subject into account. The only thing that will assure the future of the patient is a rational moralizing psychotherapy which will change the psychopathic mentality which has determined the symptoms.

To cure hysterics the physician must be still more firm in his course; he must not fear to be extreme in his views concerning the pathogeny. When he is with patients imbued with their autosuggestions, he must get at the keynote of their trouble and find out how to get hold of it. This ought to be the fundamental idea. Everything in hysteria proceeds from mental representation. An hysterical person is an actor who has lost his head and plays his part imagining that it is real. One must know how to help him, to show him his error, just as one would stop the comedian who was ready to plunge a dagger into his breast. But this recall to real life ought to be made with gentle firmness. People coming out of a dream have a very sensitive mentality; they are frightened by a gesture or by a sharp word. With an hysterical person one must act as with an epileptic who comes out of a trance; one must not stare at him or jump up quickly, or speak to him roughly.

One must learn not to change one's position, and to put a question gently, without raising the voice, in such a way that the wakening does not take place roughly. Then the patient comes to himself; he is quieted by the kindly faces of those who are present; he recognizes his surroundings, and recovers his normal identity without any sense of shock.

I do not know any physical or medical treatment for hysteria. The method of attacking isolated symptoms not only exposes one to numerous setbacks, but it also compromises the future. Hysteria only becomes chronic when it is left to itself (it has no tendency to get well alone), or when it is encouraged, or continually revived by badly understood medical treatment. The hysterical person lives in a state of self-deception. We must bring him back to the truth. Neither douches nor strychnine will be of any value in convincing him of his error.

Serious hypochondrias and melancholias ought to be treated in asylums, but I have shown that there are some mild forms which we can care for without danger to the patient. I even hold that daily psychotherapic conversation can hasten the cure considerably. But here again one must not leave the question open to doubt. The patients ought to know that they are psychopaths. One must not let them have any ground on which to base their fears by caring for their stomachs, or their hearts, or the organ of which they complain. One must take care not to set before them theories of intoxication and to make them look for cure through a milk diet, or a vegetarian régime, or intestinal antisepsis. One can tell them, what is true, that we still know nothing of the somatic causes of these conditions, that good hygiene, rest, healthful food, and even opium can act favorably on their condition, but the rôle of the physician is first of all, as Pinel has said, to start the work of logical reflection.

There are also some unbalanced people who have to be morally supported if they are to be freed from their manias, obsessions, and fears. To propose treating these mental patients by baths, douches, electricity, and cacodylate of soda is just as absurd as to give digitalis to a person who has palpi-

tation of the heart at the sight of a dog; it would be much better to prove to him that dog does not bite.

Undoubtedly this kind of work is difficult, and not all patients can be cured. But it is the only way. The physician has nothing to help him but his concise, imperturbable, and kind utterances. All such psychoneurotics ought to be brought back to a healthy life and to the requirements of physical, intellectual, and moral hygiene.

Public and private hygiene are very simple in their tendencies; they are of a negative nature—that is to say, they consist not in doing something for the health, but in not doing anything to compromise health.

In the growth of our towns one distinct object should be kept in mind which can only be slowly accomplished by the help of engineers and chemists and by our wise men in general. Even in the country there is work to be done in making soil and dwellings sanitary, in struggling at the same time against natural obstacles and those which are brought about by living together. It should not have for its end the creation of new and hyperidealistic conditions, but rather the suppression of what is bad.

Private hygiene does not consist at all, as so many people seem to believe, in making a great effort to acquire health by cold baths, douches, massage, and by a cleverly combined diet, or by a pedantic regulation of the habits of life. To attend to all these things makes one something of a hypochondriac—a "*salutistà*," as the Italians say. They keep on looking after one's physical health, and make one's moral happiness depend upon it. Such preoccupation is selfish in its nature. True hygiene is much more simple; it consists, first of all, in letting one's self live with unshaken confidence in one's resistance.

The healthy, reasonable man has good habits. He eats at regular hours all the foods on an ordinary table without any limitations and without theories as to their di[illegible] ought, at a pinch, to be sufficiently easy in his m[illegible] his health to allow himself an occasional digression; he goes to bed more or less early, according to his situation and the habits of life in which he lives, and he has no fear if his

habits are upset for a day; he looks after the cleanliness of his skin without becoming fanatical on the subject of cold water; he does not become intoxicated, nor does he do anything that might be hurtful to him; he is neither weak-minded nor pedantic; he enjoys life fully.

Intellectual hygiene is just as simple. One must be interested in everything, develop his aptitude, and learn how to live his life intensely. "One-sidedness" of tastes and aspirations is dangerous; it is in itself a defect, and it increases fatigue by concentrating activity on a single subject. I consider the proper precept for mental hygiene to be: "I am a man; therefore all human interests are my interests" (*Homo sum et nihil humani a me alienum puto*).

I have no fear of overstrain, whether it be physical or intellectual, if it is only free from the emotional element which is the result more than anything else of ambition. I prefer intellectual and moral development to sport, which makes athletes and not men. The grosser instincts grow more easily in that state of animal well-being which is induced by physical exercise. It gives me no pleasure to see our young men and girls bent over their bicycles, our Alpine climbers rigged out like Tartarin, nor to see the daily papers giving the results of all sorts of matches, such as pedestrian contests, football games, tennis, and all the rest.

I in no wise deny the advantages or free movement in the open air, which strengthens the muscles, stimulates the organic functions, and develops energy. But I believe that one can get too much of this, and that in our century, where we overdo instruction and one crowds the program, it would be better to reserve some time for healthful rest, which would give us time for reflection and meditation. The moral tone would be improved by it. It is this moral hygiene which seems to me to be neglected more than anything else. We find everywhere a certain discontent and sad pessimism, which reacts on the physical health.

In repeating the adage, "A sound mind in a sound body" (*Mens sana in corpore sano*), one would perhaps be inclined to think that to care for the body is all that is necessary in

order to have a sound mind. It is the sound mind which the more often creates the healthy body, not that it suppresses actual disease (it has not, alas! such power), but because it gives us strength to neglect our diseases and to live as tho they did not exist. For that one must adopt the motto, "Never say die," as the Jesuit Father put it who was cured of a serious neurasthenia and recovered his power to act.

I often say to such patients: "One only needs a few pigeonholes for the diseases which may attack us, and we must try to always keep them empty; so we need a huge waste-basket for ailments, in order that we may deliberately throw all our diseases into it." We must desire to be in good health and persist in believing in our strength, even when we feel weak. We must recognize by calm reason the necessity for adapting our lives to our condition. Whatever may be our fate, we must cling to the feeling that we are equal to the task, and that we have enough strength in reserve to overcome all obstacles. This is a question of moral resistance and not of physical robustness.

I will close with a few lines taken from my pamphlet on "The Influence of the Mind on the Body": "It is in their own education that patients ought to seek their cure, and that people in good health should find their safeguard against nervousness. One ought to begin by little things, in the excellent habit of neglecting one's trifling ailments, and of going bravely forward without being too much concerned for one's comforts. With age, preoccupations increase. Practical life brings all kinds of annoyances to us. Here is a new occasion to regulate our sensibility, and voluntarily to create an optimistic disposition, which makes us take hold of everything, as it were, by the right end.

"Thus if, when we reach certain maturity of mind, we have been able in some degree to create this precious state, our aspirations ought to be raised higher, and we ought to consider the duties which our presence in the world brings to us, and our relations with our fellow men. We thus see clearly that our chief preoccupation should be the constant perfection of our moral ego.

"In the absence of all theistic conceptions and all imperative morality, the thinker experiences the unspeakable discomfort which results from a life where selfish preoccupations are dominant. To find inner happiness and health, he must turn his attention away from himself and interest himself in others. Altruism must take the place of natural egoism. We can not go too far in this tendency, for we run very little risk of forgetting ourselves altogether. Do you not think so?

"In this domain of moral superiority, our moral progress in everything is as certain as in this mental hygiene, which we ought to use to oppose our physical illnesses and annoyances. Thus we have need here of all moral helps.

"Those to whom the nature of their minds still permits a childlike faith will find strength in their religious convictions, in proportion as they are living and sincere.

"Those whose reflections lead them inevitably to free thought will find in themselves, in a stoicism stripped of egoism, the strength to resist all that life brings to us.

"Unfortunate are they who are indifferent, who seek nothing but the satisfaction of their material desires!

"It is dangerous to go through life without either religion or philosophy. I am tempted, without casting any reflection on believers, to say, more simply, 'without philosophy,' for religion itself can be efficacious only so far as it succeeds in bestowing upon the individual who believes a philosophy of life. Religion or philosophy—it matters little which flag one marches under, provided that it is held bravely on high!"

Let one display the legend: "Master of myself!" and patients will follow it to victory.

INDEX

PAGE

A

Albuminuria 326
Amaurosis 178
Anemia, as cause of nervousness . 444
Anesthesias of hysteria 177
Anorexia, mental 251
Antisepsis 12
Antispasmodics 347
Appetite, psychic 288
Aphonia, nervous 314
Arthritism, as cause of nervousness 445
Asepsis 12
Astasia-abasia 374
— syndrome 378
Asthenopia 163
Atavism 65
Athletics overdone 459
Atmospheric pressure 137
Automatism 117, 150
Autonomy of the moral being . . 37
Autosuggestion 31, 112
— in dream 374

B

Babinski's sign 231
Backward children 70
Bacteriology 13
Barras 20, 261, 262
Basedow's disease 13, 25, 306
Beard, G 18
Bechterew 108
Berkeley 38
Bernadette 212
Bernheim 16, 215, 219
Bodily diseases and nervous counterparts 105
"Born criminal" 74
Braid 214
Brain 81
— digestive troubles in disease of 261
Briquet 14, 28
Brissaud 360, 363, 366
Bromide 30, 33
Broussais 261, 262, 414
Burq 214

C

Capo d'Istria 96
Cardiac arythmia 307
Cartesian dualism 155
Centrifugal motor phenomena . . . 82
Centripetal sensory stimulus . . . 82
Charcot . . . 14, 15, 181, 214, 363, 440
Chaslin 24
Cheilophagia 364
Circulation, disturbances of . . . 305

PAGE

Conclusions 461
Concomitance 48, 86
Concomitant cerebration 37, 40
Conrad, Dr 398
Conservation of energy 39
Constipation, habitual 263, 291
— treatment of 268, 295
Contagion, hysterical 174, 351
Contractures, permanent 371
Contradictions in nervous patients 164
Contradiction, spirit of 354
Conviction of cure . . . 227, 315, 358
— of helplessness 319, 377
Convulsions 348
Counter-suggestion 296
Cramps, functional 361
Credulity 215
Criminals, treatment of 73
Criminal trials, actual 77
— — ideal 78
Cure, conviction of . . . 227, 315, 358

D

Dallemagne 203
De Bonald 36
De Candolle 63
Degeneracy, abuse of term . . . 203
— corporal stigmata of 202
— definition of 198
Degeneracies, mental, Magnan's synopsis 200
Degenerative mental disease, Morel's classification 199
Déjerine . . 165, 202, 236, 274, 276, 377
Delirium 20, 348
Dementia 199
— præcox 332
Depression, periodic 436
Descartes 36, 221
Deslon 214
Determinism 32, 48, 51, 54
D'Hulst 35
Diathesis, difficult to combat . . 446
Diarrhea, nervous 279, 281
Digestive disturbances 250
— — in brain diseases 261
Disequilibrium, mental 353
Dogmatism 109
Dreams 342
Drug therapy 452
Dualistic spiritualism 89
Du Bois, Reymond 37
Duty 51
Dynamogeny 124
Dynamophany 129
Dyspeptics, treatment of 265
Dyspepsia, diagnosis of nervous . 263
Dyspnea, nervous 311

PAGE

E

Education of reason . . . 35, 57, 210
Education vs. heredity 206
Electrotherapy 140
Emotion 147
— ideogenic origin of 148
— psychic 150
Emotionalism, exaggerated 144
Emotional tendency 151
Epilepsy 349
Ergograph 124
Erotic life of women 329
Etiology of psychoneuroses . . . 439

F

Fatalism 51, 55
Fatigability 120
— abnormal 361
Fatigue 135, 122
— emotional 154
— intellectual 153
— muscular 120
— physical 153
Fear 149
Féré 122, 136, 153
Fever, hysterical 183
Fixed idea 206
— cultivation of 259
— produced by physician's words 232
Flournoy 48
Forel 220
Food, influence of 142
Free will 48, 52
Freud 342
Functional disturbances 250
— cramps 361
— disorders, real 258

G

Gastric hypochondria 259
Glycosuria 326
Grasset 216, 358, 374
Grasset's diagram 217
— "polygon" 220
Guyau 57

H

Hallucination 20
Happiness 64
Hasty conclusions 110, 115
Heinroth 443
Heredity 65, 204, 442
— corrected by psychotherapy . . 206
Herpetism, as cause of nervousness 445
Hippocrates 12
Hygiene, public and private 458
Hypochondria 18, 184, 188, 457
— gastric 259
Hypnosis, defined by Grasset . . . 219
Hypnotizers 30, 117, 214, 317
Hypotaxia 31
Hysteria 15, 18
— a mental disease 221
— epidemic of 109
— major 181
— not a morbid entity 180
— origin of 28
— as simulating tuberculosis . . . 182
— stigmata of 172
— with multiple symptoms 401

PAGE

Hysterical anesthesias 177
— contagion 174, 351
— fever 183
— paraplegia 374
Hysterogenic zones 348
Hysteroneurasthenia 177, 357

I

Ideogenic origin of emotion . . . 148
— — of mental states 87
Illness or fault? 42, 67
Illusions, sensorial 110
Illustrative cases, agoraphobia . . 364
— — mental anorexia 252
— — aphonia 315
— — articular neurosis 393
— — astasia 378
— — hysterical astasia-abasia . . 377
— — aversion to friends 437
— — cardiac troubles 308
— — colitis 297
— — constipation 299
— — contradictions in nervous patients 164
— — conviction of cure 228
— — convulsions 350
— — cramps 368
— — nervous diarrhea, etc . . . 281
— — dyspepsia and anorexia . . 417
— — nervous dyspnea 312
— — fixed idea from physician's words 232
— — functional cramp 362
— — gastro-intestinal trouble 298, 413
— — hyperesthesia 393
— — hysteria 351
— — hysteria with multiple symptoms 401
— — hysterical paraplegia 375
— — influence of physician's words 376
— — insomnia 339–341
— — isolation 240
— — melancholia 186, 191
— — melancholic neurasthenia . . 425
— — motor troubles 379
— — nervous pains 395
— — neurasthenia 432
— — neurasthenic physician . . 418
420, 421
— — overfeeding 270, 272
— — periodic depression 449
— — pollakiuria 325
— — psychic emotion 150
— — psychoneurosis with multiple symptoms 388
— — rectal pain 300
— — sensitiveness to noise . . . 415
— — spirit of contradiction . . . 354
— — success attained slowly . . 246
— — tic 365
Impotence, psychic 329
Imprudent remarks of physicians . 376
Incontinence of urine 321
— — — treatment for 322
Inconvenience of diagnostic researches of gastro-therapeutics . 270
Infantilism, psychic 175
Intellect of hysterics 175
Internal medicine 13
— — twentieth century 452
Influence of mind on body . 447, 460
Intestine, influence of morale upon 287.
— training of 303

PAGE

Irrationalism 152
Irons 145
Insanity, by transformation of certain neuroses 199
— hereditary 199
— idiopathic 199
— sympathetic 199
— toxic 199
Insomnia 334
— pathogeny of 337
— prolonged 343
— treatment of 338
Isolation 236, 266, 456
— effect of 239

J

James, W 144
Jourdain 41
Justice 59

K

Kraepelin 188
Krause, "Suggestor" 117
Kronecker, Professor 289

L

Lancereaux 446
Lange 144, 436
La Salpetrière 16, 274
Laxatives inefficient 292
Leibnitz 38
Lehmann 145
Liberty 45, 47, 58
Liébault 16, 215, 219
Lister 12
Local examinations, bad effects of 409
Logical reflection 435
Lombroso 74
Lourdes 211, 372, 380
Louyer-Villirmay 28
Luys 214

M

Magnan 199
Magnan's synopsis of mental degeneracies 200
Major hysteria 181
— neuroses 15
Malade imaginaire 188
Manto 274
"Mastkur" 236
Material activity engendered by moral ideas 90
Meige, Henri 363, 366
Melancholia 18, 184, 457
— prognosis 191
Menopause 332
Menstruation 331
Mentality, abnormal 69
— change of 89, 233, 415
— high idea of human 436
Mental predisposition 158
Mental representations, influence on intestine 278
— — intervention of 141
Mesmer 31, 213
Metallotherapy 214
Milk diet 267
Moebius 159
Molière 100, 188
Monistic conception 80

PAGE

"Mono-superstition" 221
Montaigne 112
Moral authority 91
— courage 43
— ideas that engender material activity 89
— influence 41, 209
Moral orthopedia 64, 69
— — difficulties of 71, 79
— treatment 30
— — of psychopathies 95
— — value of 412
Morality 60
— pathological lack of 437
Morel 199, 204
Mosso 122, 124
Motives 50
Motor impulse 51, 57
Muscles 80
Myoclonias 208, 360, 367
Myxedema 13

N

Nahlowsky 145
Nancy 16, 216
Narcotics useless 336
Naville 40, 49
Nervous crises 347
Nervousness, a psychic disorder . 250
— symptoms of 249
Neuralgias 208
Neurasthenia 18, 20, 159
— melancholic 425
Neuroses, classification of 22
— traumatic 176, 357
Nordau, Max 203
Nosographical analysis 207

O

Oliguria 322
Onanism 328
Onychophagia 364
Opinion 147
Opotherapy 13
Organic lesions 14
Overfeeding 267
— effect of 238, 269

P

Pain, a psychic phenomenon . . . 392
— nervous 395
Parallelism, psychophysical 162
Paralysis 374
— suggested 115
Paranoia 32
Paraplegia, hysterical 374
Paresis, general 93
Parmenides 38
Pasteur 12
Pavlow 288
Peripheral stimuli 146
Periodic depression 436
Peristalsis accelerated by mental representations 289
Persuasion 91, 108
— and suggestion 216
Phobias 139
Phobophobia 151
Phosphaturia 326
Physical means of treatment . . . 13

PAGE

Physicians, neurasthenic 418
Physiologists, mistakes of 84
Physiology and psychology, merging of 85
Pinel 96, 435
Plato 45
Pollakiuria 323
" Polygon " of Grasset 220
Positivism 32
Predestined harmony 38
Predisposition, psychopathic . . . 442
Psychasthenia 157, 166
Psychic equivalents 94
— influences, predominance of . . 251
— symptoms of nervousness . . . 103
— treatment, neglect of 99
Psychomotor discipline 366
Psychoneurosis with multiple symptoms, case of 388
Psychoneuroses 25, 31
— etiology of 439
— therapeutics of 209
Psychopathic conditions 455
Psychophysical parallelism 162
Psychoses 25
Psychotherapy 17, 33, 41, 45
— affections amenable to 26
— in mental disease 225
— in organic disease 224
— in surgery 223
— introduced by Pinel 96
— plus medicine 208
— rational 223
— vs. heredity 206
— without physical measures . . . 425
Polyuria 322
Punishment 73

R

Rational psychotherapy 223
Reason, education of the . 35, 57, 210
Religious faith 210, 244
Regeneration vs. degeneracy . . . 205
Responsibility 45, 52, 58
— moral 59
— social 59
Rest cure 236
— in bed 266
— effect of 236

S

Sahli, Professor 213
St. Vitus' dance 24
Schwetchine, Madame 154
Science, limitations of 245
Seneca 394
Sensations 133
Sensibilities, abnormal 138, 169
Sensibility 133
Sensorial illusions 110
Sergi 144
Serotherapy 13
Sexual life 327
Sganarelle 161
Sleep, psychology of 343
Somatic origin of mental states . . 87
Spasms 208, 260

PAGE

Spasmodic conditions 371
Specifics 453
Spontaneity, lack of, in man . . . 81
Stigmata of degeneracy . . . 200, 202
— of nervousness, mental 106
Stimuli, peripheral 146
Subjection of mind to certain diseases 93
Success dependent upon physician's mentality 357
Suffering is psychic 455
Suggestibility 17, 215
— exaggerated 107, 152
— normal 219
Suggestion 16
— inverse 232
— medicative 315
— verbal 215
— with medicine 213
— and persuasion 216
Suggestor, Krause 117
Superstition 433
Surgery 12
— psychotherapy in 452
— twentieth century 452
Sydenham 24
Syllogisms, false 139

T

Tachycardia, emotional . . . 305, 307
— in incipient tuberculosis . . . 306
Tarascon 211
Tartuffe 63
Thyroid gland 13
Tics 360
— mentality in 366
Tiqueurs 363
Tissié 122, 153
Tissot 20
Toulouse, causes of nervousness . 440
Tourette, Giles de la 363
Traumatic neuroses 176, 357
Tuberculosis simulated by hysteria 182
Tuke, Hack 111
Twentieth century medicine . . . 452

U

Urinary functions, disturbances of 319

V

Verbal suggestion 18
Virchow 11
Volition 50, 51, 55
Vogt, Oscar 220

W

Wavering diagnosis, bad effects of 408
Weir Mitchell treatment . . . 234, 265
— — — modified 235
Wetterstrand 220
Will 45, 58
— intervening in automatic action 302
Worcester 145
Wundt 145

UNIVERSITY OF ILLINOIS-URBANA
3 0112 070681306